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Vol. XI No. 2

THE Public Health Nurse

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A Magazine published in the interest of Visiting Nursing, and dealing with the many phases of the Nurse's work in the Districts, in the Anti-Tuberculosis Crusade, in the fight against Infant Mortality, and in other Social and Medical Activities

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The
Public Health Nurse

VOL. XI FEBRUARY 1919 No. 2

EDITORIALS

A BELOVED PHYSICIAN

It has been of the very essence of the Great War that it has demanded of us, as individuals, as communities and as a nation the highest and ultimate sacrifice of all that we held most dear. Sometimes the sacrifice has been personal to only a few—to the immediate family and a small number of friends and acquaintances; sometimes it has touched the life of a whole community, large or small; and in a few cases it has reached out into the wider life of the nation, and the passing of a beneficent influence has been felt and mourned in circles far removed from the centre of its activities.

Such a rare loss is that which has been sustained in the death of Dr. John H. Lowman, who passed away in New York on January 23rd, within a few hours after landing on his return from Italy, where since early fall of last year he had been with the Red Cross Tuberculosis Commission, as Director of the Medical Division.

Dr. Lowman's contributions to medical science, and especially to social-medical science, were not confined to any specialty, but were of

the broadest character. He had been President of the National Society for the Study and Prevention of Tuberculosis, and of the Ohio State Tuberculosis Society; and on more than one occasion he was chosen to represent the American medical profession in foreign countries. He made his home for practically all his life in Cleveland, and it is primarily to his instigation that the beginnings and guiding principles of many of the social-medical organizations of that city are due. After some time spent in studying work abroad, Dr. Lowman returned to Cleveland fully convinced of the importance and necessity of such activities; and the Anti-Tuberculosis League of Cleveland, of which he was President at the time of his death, owed its origin to this conviction of his; while it was largely his underlying influence which in the beginning led the movement which resulted in the foundation of the Babies' Dispensary and Hospital several years later.

We know that any influence for good, however great or small, radiates life and inspiration to all around it, making always for itself new channels to carry on its benign action in the hearts and minds of men; we may grieve for a loss which seems to be irreparable—for the removal from our midst of a depth of experience and wisdom, of skill and beneficence which cannot be replaced; but we know that he who possessed that knowledge, who gave counsel by his understanding and exercised his influence so steadily, strongly and large-heartedly for the good of his fellows, will continue to live and act through the hearts and wills of those by whom he will be ever remembered as a revered teacher and as a beloved minister and friend.

For her to whom the loss is, indeed, irreparable—who has been a fellow worker in so many of the activities by which Dr. Lowman brought help and comfort to those who were sad and suffering—to Mrs. Lowman, we would offer our deepest and most heart-felt sympathy. M. J. S.

THE OPPORTUNITIES OF INDUSTRIAL NURSING

The paper written on "Industrial Nursing," published in this number of The Public Health Nurse, gives so many useful and stimulating facts concerning the exceedingly valuable instructive and prophylactic work which a nurse can do with a great industrial organization back of her, that it surely should win for this already popular field of nursing new adherents.

When one considers what it means to be put in a semi-authoritative relationship with hundreds of young women whose early home

training has in many instances been neglected, and when one further considers the funds which are made available for the improvement of this immense personnel, one can readily see the interest that a strong, resourceful professional and warm-hearted woman would have in trying to make good to these less fortunate fellow women some of the good and necessary things which their lives have heretofore lacked. It is a small kingdom for one who knows how to enter in and possess it.

One reads in almost every line of Miss King's account of work done that she has met her opportunities and has recognized in them a chance to develop still farther the immense possibilities for good inherent in her position.

Of course, the managers of a great industrial plant have it within their power to encourage or to check the efforts of a nurse in the exercise of her functions as a teacher and counsellor to the girls under her care; but the very fact that they have recognized the importance of these activities by making such thorough provision for them in connection with their work lays the responsibility of using this great opportunity pretty squarely upon the nurse.

In our estimation, such a nurse should have had the best education and training; for her work will be necessarily both difficult and also largely individual, and only the most careful preparation can enable her to meet in the right way the many problems which will come to her for solution.

CHANGE OF ADDRESS

We again ask our subscribers to notify us of any change of address. It is not sufficient to notify the postman or post office of change of address, as magazines which go as second class matter cannot be forwarded without excess postage. It is necessary, *if you want your magazine,* to forward any change of address to 612 St. Clair Ave. N. E., Cleveland, Ohio, before the 15th of the month preceding publication.

THE INDUSTRIAL NURSE IN RELATION TO PUBLIC HEALTH.*

By JEANNETTE D. KING
Industrial Nurse, Montgomery, Ward & Co.

To try to crowd into a short paper the multiplicity of suggestions and facts which relate to the public health as we of the public health nursing profession see it daily, seems futile, and many times has that time-worn bromide "You can't improve a lily by painting it" come to my mind.

However, it would seem that finally the Industrial Nurse is coming into her own kingdom. I have never thought that a nurse, who simply "nursed" after two or three years of intensive training, had gotten out of her training all that she put into it. She might be a conscientious nurse, and give herself faithfully to her patients, but she would have restricted her knowledge to *too few.* She would be only a wage-earner, having a value as such, but of no more comparative value than any other wage-earner. If, after the harrowing experience of training, a nurse ends up with only taking temperatures or giving sponge baths, she is not doing all that her value to the community warrants. We have all felt that. That is why we are all doing some public health work, which allows wider application of one's knowledge of disease and hygiene than simply taking care of the sick.

In industrial work, we can consider that each employee represents an average of five. Any instruction that is given along the line of right and proper living will never be restricted to the individual. He or she is going to carry our ideas home. That is why I think the industrial nurse must be the best-trained nurse in the world, as she is really a teacher. Numberless nurses come to me to seek employment. Always it is the same story; they wish shorter hours and their evenings at home. No industrial nurse ever got anywhere with that as her one ambition. While her hours may be shorter, they are infinitely fuller, if she accomplishes anything for her firm or for her community.

The thing that appalls one when inspecting the girls and women is their infinite ignorance of life and health. Their clothing may be of good quality, but poorly selected for a working day.

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*Paper read at Round Table Discussion for Industrial Nurses, Annual Meeting, Illinois State Nurses' Association, Dec. 13, 1918.

Their shoes will be expensive,—perhaps bought at the expense of food and proper housing, but altogether unsuitable for working hours. Their complexions may be correctly made up, but will cover defects that only soap and water can remove. All these things one will notice at a glance. In a few kindly spoken words, we can tell them that a business woman must dress the part, and that chorus-girl get-ups are not suited to business hours. Most of the girls do not know any better. They imitate those more comfortably situated. If we are the proper kind of industrial nurses, it will not be many months before their hair will be properly dressed, their dresses reach proper length and their nails show the effect of attention. What can we expect of them? They come to us from all sorts and conditions of homes. They are put to work when they should be in school. It is to their credit that they wish to look nice and well-dressed. The trouble is that they have—in the majority of cases—no one to advise or direct them. Therefore the burden rests with us and we should not forget for a moment that we are teachers. We are professional women,—and on that account alert. We must always raise our girls to our plane of good manners, never descend to the plane which their inexperience and hazards of living have made necessary for them. If our girls do not go out from our offices with their heads carried a little higher, with their shoulders borne a little more independently,—just to that extent we have failed. We have had an opportunity, and lost it.

In inspecting our girls and women, we pay special attention to the teeth. Having a Dental Department in connection with our Medical Department, where we employ five dentists, we can see to it that the teeth of our employees are taken care of, but it is the new people whom we need to educate. We do not reject new applicants on account of teeth, but we give them two months in which to have the work done. The work is done at cost, on the company's time, a specified amount is taken out of their pay envelopes each week until paid for. We strongly advise our people and their families to have their teeth X-rayed in cases of neuritis, rheumatism, neuralgia, and several other ailments.

In our inspections of new applicants we also find many girls troubled with pediculosis. I recall rejecting 24 girls in a single day for that particular offense against society at large. We would not put them at work, but with the shortage-of-labor question confronting us, we decided as a "war-measure" to remedy conditions both for them and for us, by establishing what we call, for the lack of

a better name, our "Bugatorium." Instead of telling the girl *what* to do, knowing full well that the chances are that she would never follow the prescribed directions, we simply send her to the Bugatorium and keep her there for half a day, while the woman in charge cleans head and hair according to Hoyle. Then we follow up each case each week to see that the girl has instructed her mother how to take care of other members of the family. You may think this is strenuous treatment, but the girls themselves are most grateful and appreciative.

The main desire of every Industrial Nurse is to stamp out tuberculosis, so we must always be alert for symptoms. Although we make no systematic examination of employees, on the first of each month I notify all division managers to send to me all persons who are below par, on work and in appearance; these employees are examined by our doctor and put on the malted milk list. It has been observed by a student of economics that a worker will apply herself with an upward curve of efficiency until about 10 in the morning; from then on, the curve dips until luncheon time. After the refreshment of food and rest, she works very well until about 3 in the afternoon,—then she begins to lag again, and reaches her lowest mark about a half hour before closing time. A plan for anticipating and preventing these periods of exhaustion should assure a decided saving in health and energy. With this end in view, we installed a department where malted milk is served to every employee who feels that he would be benefited by it. A ten-ounce glass, double strength, is given free at 10 in the morning and again at 3 in the afternoon. While the apparent expense of this seems large, even from a business point of view it is a good investment. Naturally in so large a plant many come to us after a hasty and insufficient breakfast. They cannot do good work on empty stomachs, and at 10 o'clock Montgomery, Ward & Co. supplies the necessary food and heat units for the day's required energy. According to our recorded experiments, the consistent use of it has resulted in health and energy that more than offset its cost and trouble. Each month I weigh and look over every person on the malted milk diet list, and if I find one who is not gaining, or losing, we endeavor in every way to find a cause for such reduced energy.

When the girls do not improve to satisfy us, and if there are no signs of tuberculosis, we send them to our Rest Home at Warrenville for several weeks, at our own expense. By operating a

home of this kind ourselves we are able to give the girls the best of food, well balanced meals, lots of fresh butter and eggs, pure milk and cream, and all that makes for health and efficiency. Under such treatment, many have gained from seven to twenty-four pounds, in from three weeks to three months, and we find, on returning to work, that they seem to retain the weight thus gained and in many cases we have registered complete restoration of health.

Co-operating with us in every way, our firm has encouraged us by making us feel that they consider it a mighty good investment to spend sixty thousand dollars a year on our Medical Department, as the employees respond to our efforts by showing more loyalty, and by doing more and better work, when we thus interest ourselves in them in sickness as well as in health.

Since we furnish physicians and nurses free, pay all hospital and drug bills, as well as take care of the rest of their families when our employees are sick,—we *must* do our best to keep our employees well and happy,—and during my six years association with Montgomery, Ward & Co. I have found that we spent 75 per cent of our time preventing sickness and 25 per cent curing it, while only a few years ago, the ratio was just the reverse.

In general health conditions, the greatest responsibility rests with the Visiting Nurse. The big family "nurses" are divided into two classes; those who are inefficient and those who are of real service. The former can upset a household much more effectually than the old-time bull in a china shop; the latter can bring order out of chaos almost by her mere presence. A poor nurse can worry along with medical and surgical cases, because she can be a mere machine, if she chooses; but a poor Visiting Nurse is indeed a tragedy. It requires infinite tact to enter a home uninvited and make herself not only welcome but necessary. The actual physical condition of her patient is only part of her concern. She must observe the home conditions to ascertain whether they are correctable or not; if the family is badly housed, or poorly nourished, she must report on that; she can give advice about the baby's food; the care of sputum; the need of ventilation—a thousand and one things that her practiced eye will observe, which the household has no knowledge of. People who are financially poor are apt to be poor in so many things. Often they have no knowledge of real economy. If they can be taught to use their milk, meats and fats to the best advantage, that will indeed be a lesson worth while. Often a fam-

ily will need to be gotten out of a basement; often frail children have adenoids; often the husband drinks; often the daughter spends too much money on externals, too little on proper underclothing.

Thus, you see, there is no end to the work at hand for the Industrial Nurse, or the value that she can be to a community, if she will but rise to the occasion as all true nurses should—keenly alive to possibilities and relentless in the thoroughness of applied remedies for any situation.

OUTLINE OF COURSE OF INSTRUCTION FOR NURSES GIVING INFANTILE PARALYSIS AFTER-CARE TREATMENT

By ALICE LOU PLASTRIDGE
Instructor, Visiting Nurse Association of Chicago

I. General Treatment

A. Personal hygiene of after-care work.

1. Importance of rest.

A. To encourage spontaneous recovery

B. To protect weakened muscles

C. To prevent fatigue of affected muscles

D. To prevent stretching of the weaker muscles by the opposing stronger group. (Contracted muscles can usually be stretched with safety but the tone and elasticity of a stretched muscle can rarely, if ever, be restored.)

2. Importance of correct positions. (Lying, sitting, standing.)

A. To prevent muscle contractures and deformities such as:

1. Toe drop, hip or knee flexion, claw fingers, shoulder-drop (subluxation), contracted elbow, dropped wrist, etc.

B. Correct positions maintained by:

1. Home-made splints, properly applied.

A. Wooden or pasteboard splints

B. Bandages

C. Plaster shells

D. Covered bricks

E. Cradles to keep off weight of bedclothes

F. Pillows

2. Advise using bed instead of baby-carriage, etc.
3. Home hygiene
    A. Special emphasis placed upon proper diet, bathing, sufficient sleep and air.
4. Attitude of Parents.
    A. Parents encouraged to treat crippled child as potential wage-earner and normal member of family.

II. Special Treatment

A. Intensive study of anatomy.
1. Muscles.
    A. Origins, insertions, actions (Nerve supply)
2. Applied anatomy
3. Bones

B. Muscle examinations on normal patients.
1. Adults and children
    A. To learn comparative strength of normal muscles in different ages and temperaments.

C. Muscle examinations on paralyzed patients.
1. Each muscle group tested separately to find degree of power remaining.
2. Accurate classification of affected muscles.
    A. Normal
    B. Good, when muscle can perform entire arc of motion and allow some outside resistance to movement.
    C. Fair, when muscle can perform entire arc of motion against gravity, but with no resistance applied.
    D. Poor, when some motion present but muscle not capable of performing entire motion against gravity.
    E. Trace, when slight motion seen or when tendon or muscle can be felt to contract.
    F. Gone, when no movement can be seen or felt.
3. All deformities or contractures noted.
    A. Special attention paid to weak back muscles, where scoliosis is likely to develop.
    B. Abdominal muscles carefully tested.
        1. More scoliosis cases result from weak abdominals than from weak back muscles.
    C. Short legs noted.
    D. Girths of atrophied muscles taken.

4. Muscle charts made out in red ink, show at a glance the extent of the paralysis. (See P. 40, 2nd. Ed., Lovett's Treatment of Infantile Paralysis).
5. Study of normal and abnormal gaits.
   A. A patient's limp in walking will often tell at a glance where the greatest amount of weakness lies, and be a guide to the kind of exercises most needed, to get him back to normal walking.
   B. A limp, when long continued, becomes a habit and is not easily overcome, even when there is not enough weakness present to cause the limp.
6. Knowledge of various kinds of braces and apparatus.
   A. Accurate help in measuring for them, saves the doctor's time.
   B. Knowledge in applying and regulating braces is absolutely necessary in maintaining their efficiency.
      1. A badly fitted brace or one wrongly applied can do much permanent harm.

D. Muscle Training.
1. Exercises for affected muscle groups.
   A. Graded according to strength of muscle.
      1. Working against gravity—i. e., lifting weight of arm or leg unaided—with or without resistance.
         A. A "fair" muscle can be given an exercise where it must work against gravity and gradually, as it becomes stronger, some resistance can be given by the operator.
      2. Working with gravity eliminated.
         A. A "poor" muscle can so be placed that it will work in a horizontal plane, and thus be able to function well, whereas if made to work against gravity, almost no motion would result.
      3. Working with gravity assisting.
         A. A "very poor" muscle or one with only a "trace" of power can be made to work more efficiently if gravity assists it.

E. Massage (Hoffa Method).
1. Gentle stroking and kneading of the muscle groups is given

for the improvement of the general circulation and to keep the skin in condition.

A. Almost invariably, paralyzed feet and legs are cold and muscles respond slowly unless external heat in various forms (hot baths, hot water bottles, bakers or gentle massage), is first applied.

F. Work in patients' homes.

1. Initial Visit.

A. Nurses describe work being done, inquire about case in detail, find if case is under treatment of private doctor, etc.

B. Ask permission of family and of private doctor, if there is one, to take child to orthopaedic clinic.

2. Muscle examinations made every three months.

A. Improvement or unfavorable changes thus constantly kept in mind.

1. New deformities or other serious conditions can be prevented.

MUSCLE EXAMINATION BLANK USED BY NURSES

Characteristic Gait	Cannot walk Walks unaided Walks with brace Walks with crutches Walks with brace and crutches Walks with brace, crutches and corset
Back Muscles	
Abdominal Muscles	Anterior Lateral

Left Leg		Right Leg
	Gluteus Maximus	
	Ilio Psoas	
	Hip Abductors	
	Hip Adductors	
	Quadriceps	
	Hamstrings	
	Gastrocnemius	
	Anterior Tibial	
	Posterior Tibial	
	Peroneals	
	Extensor Longus digitorum	
	Extensor proprius hallucis	
	Toe flexors	

Left Arm		Right Arm
	Anterior Deltoid	
	Posterior Deltoid	
	Trapezius	
	Serratus magnus	
	Rhomboids	
	Latissimus Dorsi	
	Pectoralis major	**Key**
	Outward rotators	Normal
	Inward rotators	Good
	Biceps	Fair
	Triceps	Poor
	Supinator brevis	Trace
	Pronators	Gone
	Wrist flexors	
	Wrist extensors	
	Finger Flexors	
	Finger Extensors	
	Lumbricales	
	Interossei	
	Opponens pollicis	
	Thumb flexors	
	Thumb extensors	

Scoliosis
Contractions and deformities
Atrophy
Shortening

(From—Treatment of Infantile Paralysis, 2nd Edition, Dr. Robert W. Lovett.)

3. Massage and muscle training taught to intelligent mothers for daily care.
   A. When the nurse cannot make daily visits it is imperative that the treatment be kept up and results show that the attitude and co-operation of the mothers helps or hinders in a large degree the progress of the child.
4. Calls made two or three times a week on many cases.
   A. During early stages, constant supervision of a trained worker is necessary.
5. Hot baths given in many cases.
   A. Where muscles are sore and sensitive and this condition persists for any length of time, no muscle training or massage can be given. Counter-irritation harms muscles in this condition and may produce permanent injury. These cases can be given hot

baths or gentle baking to relieve soreness, and when this is entirely gone, the usual methods applied.

B. Severe contractures can sometimes be stretched out by hand manipulations in hot water, and make unnecessary a plaster cast or even an operation. (For instance, several cases of old infantile infection, antedating 1916, have been brought to our attention where Soutter operations on badly flexed hips and knees have been necessary, when these deformities might have been prevented in their first stages by correct lying positions and gentle hand stretching.)

6. Parents are taught to apply braces or splints correctly and to keep them in repair.

4. Results of home treatment:

1. A few spontaneous recoveries have been made.
   A. Recovery would probably have come without treatment in a few instances.
2. Results in average cases:
   A. With co-operation of parents, surprisingly good results have been obtained.
   B. Without co-operation, results are good in most cases, because:
      1. Deformities have been prevented.
      2. Circulation improved.
      3. General condition improved.

Text Books Used:

Gerrish—Anatomy.
Lovett—Treatment of Infantile Paralysis, 2nd Edition.

THE AFTER-CARE OF INFANTILE PARALYSIS IN THE HOME

By MARY C. PERKINS
Supervisor, Visiting Nurse Association of Chicago

The care of infantile paralysis, as carried on by the Visiting Nurse Association of Chicago, deals only with the convalescent stage of the disease. All recognized acute cases are cared for in hospital wards. In Chicago, quarantine is kept up for a period of five weeks. All these patients are referred to our Association by the two isolation hospitals. Before each child is dismissed, our nurses make at least one call at the home in order to tell the parents about the after-care at the clinics and in the homes.

Clinics are conducted at three different points in the city. All patients needing our care and unable to register as private patients visit these clinics for examination. A Visiting Nurse is present at each clinic to receive definite orders for individual patients. The nurses benefit greatly from watching the examinations and receive much valuable instruction from the doctors, who are very generous about giving their time to explaining various difficult points. All necessary plaster work is done at the clinics, and measurements are taken for braces and other kinds of apparatus. A brace-maker is usually present.

In Chicago the care of the paralyzed children is unique, in that all treatments are given in the homes. These treatments vary with the age and the general physical condition of the patient, as well as with the local condition.

Generally speaking, the treatment consists of, first, rest and the prevention of deformity by maintaining the limbs in the proper position; second, muscle training and massage. Muscle training is begun after the acute stage of the disease is past and the convalescent stage has begun; nothing can be done until the tenderness has disappeared from the muscles. Light massage may be used to improve the circulation of the affected limb and consequently to improve muscular tone, but the over-use of it causes fatigue and increases atrophy.

As soon as possible after the patient has been registered with us, he is got under treatment. The nurse makes an examination of the affected muscles to determine the degree of power in them. Then a set of graded exercises is worked out to fit that particular case. With the nurse counting, the child performs each exercise

slowly, from ten to twelve times. When a muscle is unable to perform its entire amount of contraction, the nurse carries the limb the rest of the way, in order to complete the action. When the muscle has improved to the extent of being able to perform the entire motion, resistance is offered by the nurse. Then more difficult exercises are worked out, and so on.

Deformities may occur very early and are usually evidences of neglect on the part of those taking care of the child. Incorrect position of the affected limb and the weight of the bed-clothes tend to produce marked deformities, so great care should be maintained from the very beginning to keep the paralyzed limb in normal position.

One of the things we try hard to guard against and to teach the mothers to guard against, is the too great activity on the part of many of the children. Avoidance of fatigue to the weakened muscles must be insisted upon first, last, and all the time.

Sometimes the exercises are given with the patient immersed in a hot bath. The heat stimulates the circulation and prompts the muscles to more activity. Some of our district homes being devoid of the luxury of a bath tub, we cannot always make use of this form of treatment. But where the children are small enough, a tin tub or even the wooden wash tub is used. One devoted couple had a real tub installed at considerable expense in order that their little girl might have the baths. Incidentally, we have noticed a general improvement in the cleanliness of the entire family.

In the younger children it is impossible to do very much with the active exercises. Their minds cannot grasp the significance of the requests made by the nurses, though they are all pretty sure to know it is something they won't care much about. So with these children of three or under the treatment consists largely of gentle massage and passive exercises. As for the active exercises, the nurse or the mother plays a game with the baby to induce him to move the affected arm or leg; in this way a fair measure may be taken of the amount of power remaining. Sometimes simple apparatus is devised out of material found in the homes, cardboard splints are made and strapped to deformed thumbs and fingers to bring about a normal position, or larger pieces are cut and bandaged to the feet to hold them in place. Cotton cloth binders are used for cases of abdominal paralysis until such time as special corsets or braces may be ordered. For cases of deltoid paralysis, properly applied slings with pads for the axilla are used, until plat-

form splints may be ordered and made. A platform splint is a device made of wire and canvas, holding the upper arm at a level with the shoulder to give the deltoid muscle a chance to rest and to keep it from stretching. (See "After-Care of Infantile Paralysis," Lovett, 2nd Edition.) A stretched muscle loses its power of contractibility.

Where there is evidence of a spinal curvature great care must be used in controlling the position of the child when either upright or recumbent. When upright, pillows may be used to help him to keep the proper position; when recumbent, it is sometimes necessary to keep the patient on a bradford frame with pads and side straps, to control the posture.

Always, where possible, the nurses devote part of their time to teaching the children's mothers to give the treatments. As each nurse averages fifty patients in her district, it is not possible to make daily calls to each one, but with new or neglected patients requiring close supervision and frequent treatments, the nurses make a special effort to call often. Much dependence is placed on the ability and intelligence of the mothers and we have experienced some really remarkable results with cases where the mothers have been willing and able to devote some time to the children's muscle training. After a line of treatment is well established in this type of home, the nurse reduces the frequency of her visits in order to give more supervision and care to the children who are not as fortunately situated.

There are many families in our foreign districts where the mothers are not able to grasp the idea of the treatments, but are very anxious to have the nurses call. Then it is just a question of the nurses planning to call often enough to give adequate care. Some of these mothers are unable to assist in the actual treatments, but they do make big sacrifices in the matter of arranging their time so that they can take the children to the clinics. It is a big proposition, really, for they usually have large families and much housework, some don't like car riding and are not very sure of finding their way, especially the first time.

When the need is great, we use our Visiting Nurse Association car to transport the children, and when the latter are old enough to be willing to go without their parents, we can take five or six at once. There are times when we take the younger children in the car, and then the mothers have to go along, and they quite enjoy the trip under these circumstances. As the car stopped at a Polish home one evening, on its return trip from the clinic, the

little mother made quite a fuss over getting herself and her small boy out. She looked up the street and down the street and crossed the sidewalk as slowly as possible, with many wavings of the hand and loudly spoken good-byes. She confessed later to the nurse that she did it on purpose to impress her next door neighbors, who were watching from behind the curtains.

We have failures, of course, but everyone does. Some families prefer to depend on the advice of their own private physician, even though he does not believe that anything can be done for the child; others employ a masseur; others don't do anything and don't even want the nurse to advise them, let alone give any care. After we have faithfully tried to make some headway with these cases, but with no result, we drop them, for there are plenty of people who do want our assistance.

Along with the special problems that arise in the care of these cases, there is the problem of procuring apparatus, which is sometimes pretty expensive. We have one little Irish mother who lately has begun to take in sewing in addition to her other duties, in order to get enough money together to buy braces for her small daughter. When the parents can pay so much a week or a month, the Visiting Nurse Association is responsible to the brace-maker for the cost of the brace and permits the family to pay back as it can. If paying for the apparatus is entirely out of the question, our Association bears the expense.

We have a Persian family in our district, father and mother and just one little boy. The father does not earn a very big salary, but the family lives in a very simple fashion and there are a number of lodgers in the house. When the question of a brace arose, the nurse spoke to Billy's father, asking him if he could pay all or part of the cost. He said he didn't have money enough of his own, but he knew the lodgers were all his friends and loved the little boy. Would the nurse wait a few minutes? She certainly would, and in less than five minutes, each lodger had contributed to the necessary sum and had clustered round the doorway of the tiny kitchen to watch Mr. L. hand it over to the nurse. He counted it out slowly into her hands and then smiling proudly, he said, "Please, Nurse, you buy." So the brace was bought and Billy is learning to walk, to his and his parents' delight, and after each call he watches the nurse as she crosses the street in front of his window, and calls "Good-bye, sister nurse, come again," and kisses his hand to her.

In another district, we have a case that is a cause of deep distress to the nurse in charge. The patient is a twelve-year-old girl, so badly crippled as to be unable to stand or to sit up. She lies the entire time on a Bradford frame, which may be elevated at the head. She is able to use her hands sufficiently to play games, sew a little, and hold a book that is not too heavy. There is enough money in the home to make it a comfortable one, but the mother is a coarse, careless type; she isn't positively abusive, but she is neglectful, in a cold, heartless way. She lets the child go for days without a bath or combing of her hair, she rarely speaks sympathetically or holds forth any encouragement. Rather she takes the attitude of "What's the use, anyway? She'll always be on my hands, a regular bother, can't walk or take care of herself. Why should I have such a burden?" And Molly fully realizes the depth of this antagonistic spirit and resents it. "Please, nurse, I'd like to make a date with you, sometime, to come and give me a bath," or "I'm glad you didn't come Tuesday, I was so dirty, I wouldn't have wanted you to see me," she said to a visitor during the epidemic. She takes much more interest in her condition than her mother does, and decidedly more in her personal appearance. It is not a case for juvenile court interference, for exact proof of neglect is lacking and the family is well and favorably known in the neighborhood. The mother does not object to our visits, Molly's infantile condition is improving, in spite of her lack of care, so we continue to go as often as possible, hoping that we may yet have some influence with the mother and eventually awaken some sense of maternal responsibility.

Since figures play so large a part in reports these days, it may be interesting to give just a few pertaining to this work. The work was started in November, 1916, with 200 recent cases. The total number of patients visited by the nurses was 746. The largest number on the books in any one month was 531. In September, 1918, when the figures for the month were made up, we were still carrying 499 cases. Of those dismissed, some had moved away, some had died, some were dismissed because of lack of desire on the parents' part to have us continue our care, while the largest number 97, had made an almost complete recovery and 66 others had improved to such an extent that there was nothing further for us to do.

On the first of October we discontinued our infantile care, to release the nurses for the influenza work. Since we have gone back

to it, we have been interested to learn that comparatively few of the children (60 in all), were attacked by the influenza. Five died, one with a complication of bronchial pneumonia.

Each district averages 125 home calls a month. The territory covered is large, some time is spent at clinics, brace-makers' and doctors' offices. The average length of time for a home call is three-quarters of an hour to an hour and a half, when a treatment is given.

The nine nurses in this service are very fond of it. Each case has its own particular appeal, each child is a little different in its make-up from the one before, and requires a somewhat different method of approach. Four-year-old Benny will go through his exercises with an expression of complete boredom on his face; Billy will howl and kick; little Italian Peter will call the nurse every name he ever heard of (and they are many); adorable Jenny of the black eyes and black curls, will nod her head in the affirmative when asked to do some particular exercise, and proceed to do exactly the opposite. Therein is the fascination; to win the confidence of these youngsters, so that we may help restore most of them to 70, 80, or even 90 per cent working ability, is really a great privilege as well as a triumph. A self-supporting cripple is an economic asset; a helpless cripple is a burden to himself, his family, and the State.

We are greatly indebted to our instructress, Miss Alice Plastridge, an assistant of Doctor Lovett of Boston. Miss Plastridge gives five mornings a week to making home visits with the nurses, explaining different points about the apparatus and the exercises, and teaching the proper methods of massaging and manipulating the limbs. Her knowledge means a great deal to us and to the children, and the nurses feel that a morning with Miss Plastridge is well worth having.

Our results demonstrate that there is plenty of this type of work to be done and that it has been possible to get good results with our method of home care. For the sake of these children, so cruelly handicapped, we hope for increasing wisdom and more widely spread opportunity for continuing and enlarging this work here in Chicago.

MOBILIZING VISITING NURSE DIRECTORS IN MASSACHUSETTS

By GERTRUDE W. PEABODY

Secretary-Treasurer, Massachusetts Committee of Directors of Visiting Nursing Associations

Massachusetts has led the way in mobilizing the directors of visiting nursing associations by forming a State-wide organization of lay workers, with county chairmen, a central committee, and membership of all local boards.

The purpose of this committee as described in its constitution is, "To create and promote a common fellowship among those interested in public health nursing; to share the knowledge gained through individual experience in various forms of administrative work, to encourage the formation of new organizations, and to promote membership in the National Organization for Public Health Nursing."

The Secretary's report for the work of the first year was in part as follows:

The best results of our first year of existence is that we have come to know each other and that we have learned that each is interested in the other's work, and each eager to acquire and give information about our common interest. In other words, we meet here to find that the problems of our home association can no longer be regarded merely as our local problems, but must be thought of as part of the larger problem of providing the State of Massachusetts with the best nursing care. A local association, initiating some new lines of work or solving satisfactorily some problem, should feel in duty bound to make that knowledge available to every association in the state. And equally, a local association which is not following the generally accepted policies for visiting nursing should be very sure that it could justify its independence of action.

The second result of our existence is, we believe, an increased feeling of responsibility for the position of a director. One hears a great deal nowadays about the special education of the Public Health Nurse, and a paper on our program today emphasizes that need. But what about the special education for the directors of the Public Health Nurse? How shall we know enough to employ this highly specialized young woman, and if we do, how shall we be sure that she is fulfilling her task unless we, too, are educated to interpret the work as she does? Directors exist to direct, and we must fit ourselves to do this, and we believe that this Committee is helping us to do it."

In the second annual report of this Organization the Secretary said, "We now have a card catalogue of 120 associations—five having been started during the year—so that for the first time there now exists a correct list of visiting nursing associations in Massachusetts. She has the names of the officers, the number of nurses

employed, the variety of nursing done, and a record of 67 associations having paid the one dollar fee for membership in this Committee." Her third report, that of 1918, shows that 9 associations have been formed during the year, making a total of 129 in the State, and that 80 have paid the fee to join the State Committee. This healthy growth indicates that the directors of local associations welcome this affiliation.

These reports deal still further with the relation of the organization within the State to the National Organization for Public Health Nursing. Thus the report of 1917 states:

"Last spring the Secretary was appointed lay representative of the National Organization for Public Health Nursing with the somewhat vague duties of promoting public health nursing in Massachusetts and membership in the National Organization. She is depending very much upon this State Committee to enable her to fulfill her duties, and is much gratified to find that seven associations have become members of the National Organization this year, making in all twenty-three from Massachusetts, and that thirty individual memberships have been added as the result of appeals from the National Organization." The figures for 1918 show that five associations and ten lay members have joined the National Organization during that year, and that $235 has been contributed in sustaining memberships by directors. "This shows," the report continues, "a proper appreciation of what the National Organization is doing for every one of us. It has brought together the people most experienced in public health nursing, and they, with the knowledge in hand of what has been done in all countries, are summing up experiences and formulating policies which are applicable to every association, large and small. It is short-sighted not to save ourselves from costly mistakes by not availing ourselves of this information. Many associations which have had no actual contact with this larger organization are unconsciously being influenced by it, for the standards and ideals both for the work of the nurses and for that of the directors, which each association is struggling to attain, are in reality largely due to the inspiring incentive of the National Organization."

The State Committee has met once a year for four years for an all-day session, each meeting showing a slight increase in individual attendance and in associations represented. The lunch hour has been a pleasant opportunity for meeting one another socially. The subjects presented for discussion have dealt chiefly, of course, with the problems of administration, and were selected with the intention of stimulating general discussion and the reporting of personal experiences. Among the subjects chosen have been the following:

Standards for Visiting Nurses:
Make-up and duties of a Board of Directors;
Coöperation between Doctors and Visiting Nursing Associations;

Coöperation with Boards of Health;
Transportation in Rural Communities;
Development of Public Health in Rural Communities;
Child Conservation in Massachusetts.

These subjects have been presented by members of local boards of managers and by persons who speak with the highest authority, such as members of the State Department of Health, physicians, and public health nurses. At each meeting a representative of the National Organization has spoken on some phase of its work, so that its importance might always be in the minds of the local associations. The State Committee is organized with county chairmen, and one of the most interesting and helpful outcomes of the State Committee has been the informal meetings of the associations within the counties. Here has been given the opportunity for exchange of ideas and offering of suggestion about details of administration and type of work which has had a definite result in raising standards. The county chairmen are able, through these meetings and by correspondence, to learn of any new lines of work initiated by local associations which it would be of interest for the State Committee to hear. For instance, at the annual meeting of this year, different ways were considered of supplying nursing to rural communities. In one neighborhood three villages have combined to develop public health nursing, and because of this coöperation are able to afford a better standard of nursing than each could do independently. In another part of the State the visiting nursing association of a town is offering to its rural neighbors nursing service at cost. These examples of what is actually being done will be suggestive to others, and lead to further development along the same lines.

The executive committee and county chairmen meet two or three times a year as the need occurs. The Literature Committee has prepared and circulated through the County Chairmen lists of literature on public health nursing, and has emphasized especially the value of the **"Public Health Nurse"** to every organization carrying on this work. The increase in the circulation of this magazine in Massachusetts may be partly due to this effort: In 1916 it was being mailed to 65 different towns; In 1917, to 75, and in 1918, to 93 different towns.

The Legislative Committee has recommended such action on the part of the local associations as might help the passage in the Legislature of bills concerned with public health nursing. At the

meeting held in January, 1919, considerable time was given to describing the bill about to be presented to the Legislature entitled, "An act concerning the licensing and registering of nurses and attendants." The audience were told exactly how they could help, which they expressed themselves by vote as ready to do.

This State Committee, which brings together groups of persons interested in working out the same problems under different conditions, is proving of value not only, as has been indicated, to each separate association, but also by creating a body of public opinion which may be from time to time applied in many ways. Thus, for example, the Child Welfare Department of the Council of National Defense, in carrying out the program for Children's Year, used this Committee's list to secure the right person in each town to lead the baby hygiene work outlined in that program. Now that the war is over and the war committees of the Council of National Defense will gradually go out of existence, it is hoped that the baby hygiene work started by them as a war measure may be merged into the permanent work of the local visiting nursing association where that exists, or if not, may be itself made the beginning of a permanent local public health nursing association, and that with membership in this State Committee as a connecting link, the work which has been started will be perpetuated. It was largely through the Council of National Defense, which carried out its child welfare work in coöperation with the State Department of Health, that the State Department learned of the number and activities of the visiting nursing associations, and the coöperation between these public and private agencies working for health has, as a result, become much closer. The health officers now have lists of existing visiting nurse associations, and feel free to call upon them for help in local problems. At the time of the influenza epidemic, the State Emergency Health Committee asked the Secretary for information about local visiting nursing associations in towns where the epidemic was very serious, and these were communicated with and their advice followed wherever possible.

There never was a time when public health nursing was of so much interest to the general public as today, and the impetus which it had received during the war has been given a still greater momentum by the problems of reconstruction. Public health nursing was recognized by the Government and by the Red Cross as a war necessity, but it has now become clear that it is a permanent necessity. Never was this fact given such a dramatic demonstration

as during the terrible experience of the epidemic of 1918, which was proved to be almost completely a problem of securing an adequate supply of competent nurses. These were undoubtedly some of the reasons which prompted 170 women, representing 64 visiting nursing associations from all parts of Massachusetts to gather in Boston on January 23, 1919, for the fourth annual meeting of our State Organization. The day was not long enough to consider all the problems touched upon. The questions which time prevented being asked at the meeting were asked and discussed informally at luncheon. It was an inspiring sight to watch the eagerness with which these women listened, and to consider how sincere was their interest and their pride in the work they were administering. Each one left the meeting more ambitious to do well her small part in the national task of promoting health, and its allies, happiness and prosperity, and each went away better equipped to do it intelligently because of what she had heard that day, and because of the incentive of companionship.

SOME WAYS IN WHICH PARENTS MAY SAFEGUARD THE HEALTH OF THEIR CHILDREN

By FLORENCE M. SHERMAN, M. D.
Assistant Medical Inspector of Schools, N. Y. State Department of Education

To insure good health to your children begin early to teach them good habits of living. This can only be done by daily instruction. "As the twig is bent the tree inclines."

Sleep

See that your children get plenty of sleep. Ten full hours are necessary for growing boys and girls. See that they sleep with windows open in all kinds of weather! Fresh air makes sleep more restful and lessens the chances of disease. Going to bed early makes it possible to rise promptly each morning and gives plenty of time to wash and dress carefully, and eat breakfast slowly, so that the stomach can take care of what is eaten.

Body Hygiene

See to it that your child upon rising cleans his teeth, washes his face, ears, neck and hands, cleans his nails, combs and brushes his hair.

You should see that this is done every day until you are sure that the child will do it well by himself. Good habits are formed in this way.

After breakfast be sure that a visit to the toilet is always made. It is of greatest importance that children form this regular daily habit. The bowels should move at least once every day. Toilet paper should be used, and hands always washed after each visit.

Teach your children to love their baths. Two warm baths should be taken each week, which means that the body should be washed all over, with plenty of warm water and soap. Wednesday and Saturday nights should be "tub-nights."

Clothing

Careful thought should be given to the clothing of children. Let cleanliness and simplicity be the first consideration. Underclothing should be changed at least twice a week, oftener if possible. Tight clothes are harmful, all clothing should be supported from the shoulders, not from the waist. This does away with bands, allows freer movement of the body and freer breathing. Supply your child if possible with a raincoat, rubbers and umbrella.

See that the clothing is changed when wet, that he does not wear rubbers in school or in the house, also that he does not wear a sweater in school or indoors, unless in extreme cold weather, because wrapping up in the house makes one more liable to take cold when going out. Be sure that you provide a clean handkerchief frequently and teach the boy or girl to use it nicely. Teach him never to cough or sneeze in anyone's face but to turn away and cover his mouth with a handkerchief or the hand. A handkerchief should never be used by anyone but the person to whom it belongs.

The Teeth

Great care should be given the teeth, especially the first teeth. Upon the right care of these depends the good health of the second set. The teeth should be brushed after each meal, and the mouth washed out with water after using the brush. Beside this, the teeth should be cleaned upon getting up in the morning and before going to bed at night. Remember that a clean tooth never decays, and that a clean mouth keeps off disease. Every child should have his own tooth brush and paste. A tooth brush should never be used by anyone except the owner. No one should put into his mouth anything that has been in the mouth of anyone else. First, because

germs can be carried in this way, and second, because it is not clean or nice to use anything which another person uses upon his body such as towels, wash-cloths, etc.

Care of the Hair

The hair should be combed and brushed nicely every day. Boys' and young girls' hair should be cut short and kept so, it is much more easily cared for, easier to keep clean and better for the hair. During school days it is necessary to watch the hair very carefully, and wash it at least once a week, to avoid contagious scalp diseases which are liable to occur when many pupils are together daily. It is no disgrace to get trouble with the head, but it is a disgrace to keep it.

Proper Care of the Feet

Special care should be given to the kind of shoes that children wear. Too little thought has been given to this. Many serious conditions arise from the wearing of ill-fitting shoes, such as flat-foot, broken arches, spinal curvature, corns, bunions, etc. Many obscure ailments of the body have been traced to the wearing of wrong shoes. Often they are too short, or too narrow, or the heels are too high. Shoes should be kept in good repair, heels kept level, etc. An excellent guide in selecting shoes, is to have the child stand upon a sheet of paper and draw the outline of his foot. Be sure the shoes are long enough, broad enough and the heels low.

Next in importance is stockings. Be sure that the stocking feet are long enough. Short stockings cause much trouble. They should be carefully mended, and should be changed and washed every other day, in order to keep the feet healthy. Every boy and girl should be taught to wash and mend their own stockings, and should be made to realize the importance of this. Feet should be kept clean, washed daily and the toe-nails carefully cut.

Foods

The good health of a person depends largely upon the kind of food he is given when a child. Children should eat at regular times. Give your child a warm, nourishing breakfast before he goes to school. It is important that children should eat slowly and chew their food thoroughly, in order that what is eaten may be digested and assimilated. At least twenty minutes should be allowed for breakfast, thirty minutes for luncheon, and even longer for dinner, or supper.

What Foods Should Do:

1. Make the muscles strong.
2. Keep the body warm.
3. Keep the blood in good condition.
4. Make one feel well, and like working.

Do not let your child begin the day on sweet things, no pie or cake. If possible, give your child for breakfast a well-cooked cereal, with milk (and sugar if you can!) or a soft-cooked egg, with bread and butter; fruit if possible; and a warm drink such as cocoa, or equal parts of milk and hot water—no tea, coffee or beer at any time. These stop the growth, make a child pale, nervous and affect the heart and nerves.

A dinner, or luncheon, should be: some simple soup (meat or vegetable); meat two or three times a week is all that is necessary; baked or boiled potatoes, carrots, cress, spinach, kale, etc.; bread, and a simple pudding, or fruit.

Supper, should be: cereal and milk, bread and butter (or substitute); stewed fruit, like prunes or apricots, or baked apples, with hot cocoa to drink, or milk and hot water, "Cambric Tea." Cereals like rice, oatmeal, hominy, cornmeal mush, etc., with milk should make up the largest part of a growing child's diet.

The heartiest meal is best eaten at noontime. Boys and girls should be taught to eat the foods which are good for them, and learn to like them. They must be taught this early in life. Do not give cake or candy for recess luncheon. Give them a piece of bread and butter, a sandwich or fruit, such as an apple, orange or banana. A boy or girl does better school work by having some wholesome bit at recess.

Teach your child never to buy candy, cakes or anything from push-carts or from any store where such things are not kept covered to protect them from dust and dirt. Diseases are often gotten from food bought at such places. Insist upon clean food for your family.

Healthful Drinks for School Children

Milk is the most important, being not only a drink but a food, containing all the things that the body needs to build it up. Water is very necessary for the health of the body. Some water should be taken with each meal. Three or four glasses should be taken every day, best between meals.

Cocoa, or cocoa-shells, and "Cambric Tea" (equal parts of milk and hot water, with sugar) are other allowable drinks for children.

Fresh Air, Exercise, Sunshine

See that your children love these. Teach them that they are the greatest health-givers we have. Germs cannot thrive in them. Ventilate your rooms day and night. Do not be afraid to have windows open in all weathers. Colds are taken in rooms that are too warm, and where the air is not fresh. From 65° to 68° is as warm as a house should be in the daytime, cooler at night.

Urge your child to practice the deep-breathing exercises taught in the schools, when he is walking to and from school. Tell him to walk on the sunny side of the street (except in very hot weather.) Encourage him to play actively when in the open air.

Co-operation Between Home and School

Interest yourself in the athletics, folk-dances, games, etc., which are taught in the schools. If your children are normal they will want to take an active part in these things. If they are not interested, something is wrong. Consult your physician or the school doctor. He, as well as the teachers and school nurses, is your friend and stands ready to help you in every way.

Find out what is being done for your children in school and keep in touch with it. Attend the "Parent-Teachers Meetings." Ask any questions you wish about the school matters discussed, perhaps you may offer some valuable suggestion. You have the right to know and discuss anything which has any bearing upon your child's school life. Respond promptly to all notices sent to you by the school doctor. Some of the most common defects found in school children are those of the eye, ear, nose, throat, teeth, etc. If the school doctor finds these things marked enough to send you a notice, consult your family physician at once or go to some dispensary. Do not neglect any notice sent.

This is the way in which the home and school can work together for the best good of the child, and bring about strong, happy children and useful citizens, because of the early care you gave. The business of the doctor and the parent today is to teach health laws to keep boys and girls well, not to cure them after they get sick.

If your boy or girl does not feel well, keep him at home for a day. Never let a child go to school if he has a cold or a sore throat

or complains of feeling ill. If this is done there is less danger of contagion. Do as you would be done by. Safeguard other children as you would wish other parents to protect yours. Attention to these simple suggestions will save hours of pain and illness, and will give your child the chance to grow up strong and well, a worthy citizen, and a credit to his parents. Good health is one of our greatest blessings. It depends largely upon ourselves, upon the care we give to our bodies, and to those entrusted to our charge. Never was the call for child welfare work more insistent than now. It is nation-wide. Will you live up to your obligations and privileges at this exceptional time, the most important in the world's history?

THE KANSAS STATE INDUSTRIAL FARM

By EMILY C. SNIVELEY.
U. S. Public Health Service

In October 1917 a decision was made by the U. S. Public Health Service and the Kansas State Board of Health to create zones around the army camps at Funston and Fort Leavenworth to control venereal diseases among the women for the protection of the soldiers in these camps. The Kansas State Industrial Farm at Lansing, Kansas, was designated as the place to put these women for isolation and treatment. It was found that Kansas had a law on its books in regard to venereal diseases, viz: That a deputy State health officer could say where a person with venereal disease could be isolated for treatment. This simplified matters greatly and with co-operation from the police it was easy to handle the camp followers and prostitutes.

In March 1918 a State-wide campaign was inaugurated and it was decided that both male and female patients from all over the State should be isolated for treatment; the men at the State prison and the women at the Industrial Farm.

When Miss Lent, as supervisor of the U. S. Public Health Nursing Service, visited our unit in May, she recommended to the U. S. Public Health Service in Washington that a venereal disease clinic be established in Leavenworth. This was carried out and in July a physician in the Service was sent out to take charge of the clinic and the venereal disease work at the prison, and the farm. The nurse began her work at that time on the farm, going out each day to give local treatments, take smears, and give any nursing treatments necessary. Records were started and the work gradu-

ally became systematized Each girl is to receive treatments twice a week and salvarsan is given once a week. Douches are taken daily and all cases bringing in a positive Wasserman must take the salvarsan until non-infectious. For release they must have two negative tests in gonorrhoea, taken not less than forty-eight hours apart. Since the taking over of the work by the U. S. Public Health Service there have been four hundred and sixteen girls, averaging nineteen treatments per cure, or an average of three months' stay; Twenty-five per cent of the girls were syphilitic. So much for the medical work, which is, of course, the thing we work for; but the State Industrial Farm is such a unique and wonderful place that I am sure all will be interested in the physical and moral side of the work there.

Forty acres were set off from the prison farm and prepared for the female prisoners of Kansas; the buildings consisted of a large rambling farmhouse and a small cottage to be used as a hospital. There were from fifteen to twenty inmates and a useful, happy life they led learning to do the useful things of life. Domestic science and sewing were taught. Gardening and the poultry industry went far not only to keep the women happily engaged, but also to furnish food for the table. At first an iron fence surrounded the grounds about the house, but the superintendent, a woman of vision, began to besiege everybody in power to remove it and take away the stigma of a prison. After a long time and with much misgiving on the part of the Board, it was done and the superintendent had the satisfaction of proving her system was right. The morale established was strong enough to hold them.

When the women for isolation began coming in there were seventeen State inmates. A two-story cantonment was built, the upper floor of which was used for a dormitory, and the main floor for a dining and sewing room. In March some new chicken houses were utilized for housing, and shower baths were installed in the basement. As soon as the weather was warm enough a large tent was floored and screened and used for a dining and sewing room, and the cantonment was used entirely for sleeping. The girls came in so fast that a large tent was put up for sleeping purposes, then a small one. Porches were inclosed to make more room for beds, and if you could begin to know the resourcefulness that was used to take care of the increasing numbers, you would take off your hat to the superintendent and the matrons in charge. Miss Miner exclaimed, when she saw Miss Lent out on the farm in May, "Oh,

SHOWING MAIN BUILDING CANTONMENT AND COTTAGE USED AS HOSPITAL.

CHICKEN HOUSE CONVERTED INTO SEWING-ROOM AND CHAPEL.

such a wonderful place and built out of nothing!" How true this was in a physical sense, but who could measure the thought, the prayers, and the vision that went to make up that wonderful place?

Up until November there were over two hundred patients there all the time and as many as two hundred and fifty at times. Through the summer cottages were built out of lumber cut on State land and with prison labor. A modern kitchen was built, the only modern thing on the place. The water problem is acute at times and the laundry facilities meager, but things *are managed*. All summer the cooking for the two hundred and fifty was done on two ordinary kitchen ranges in two small rooms in the main farmhouse and very good meals they were.

The girls all say they are treated well and are fed well. The gain in weight and their rosy cheeks testify to the result of a normal physical life which many are enjoying for the first time in their lives. We have girls and women from fourteen to fifty years of age, all diseased. Many are old timers and have been on the streets since they were fourteen. The problem of the feeble-minded is great and it has not been worked out yet, but the hope is to make this place a "clearing house," and after the physical body is well they may be transferred to whichever institution is best suited to their needs, for certainly many should have custodial care.

The farm lies on a bluff along the west side of the Missouri River and the outlook from all sides is very beautiful. Not only is the outlay a beautiful one but much of the land is productive and the girls themselves find inspiration in out-of-door work from early spring until late in the fall. They enter into all kinds of farm work with zest and produce all the vegetables and poultry products which can be used in season on the tables and an abundance is stored away for winter use. Gallons of fruit and vegetables and barrels of pickles and kraut were put up. The girls were taken out on an island, owned by the State, where they stripped cane and earned enough in exchange of work to get a winter's supply of sorghum; they proudly tell of a bean patch left by the men as finished, and the girls going in and gleaning and getting twelve barrels of beans after being hulled. Some of the girls were taken to one of the wonderful apple orchards in Eastern Kansas this fall and the owner said they were the best workers he had ever had. In the spring, man-power being low, the girls cleaned the cemetery and cut the grass before Decoration Day. The sewing for the prison was taken over and all sewing and tailoring for the men is

done by the women, beside the sewing for themselves. A chicken house that was considered the finest in Kansas when built, was cleaned up thoroughly, white-washed, and used for a sewing room. This room is also used as a chapel and the girls look forward to the Sunday morning service and Sunday school. During the influenza epidemic this winter when the call for help was so great and girls were being discharged from the farm almost every day, many of them were willing to go into the influenza homes and they certainly proved a blessing*! We tried to use girls of good mentality and with the supervision of the Public Health Nurse their work proved to be excellent and was appreciated not only by the physicians in charge and the patients but also by the Public Health Nurses who always feel the gravity of an epidemic. No matter what their offense might have been this was one time in their lives when they were of real use and comfort to someone. This service helped to keep down our death rate, as when all members of a family were down at once they needed constant attention.

I am very sure there is not one who has read this far but who has the question of reclamation in her mind. I wish I could answer it. The social worker has just been selected to look after the Kansas girls who have been discharged. Many *we know* go back to the old life; few have been returned the second time; but judging from some of the letters Mrs. Perry, the superintendent, receives, many seem to be "carrying on."

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*The gravity of the crisis produced by the influenza epidemic necessitated the throwing aside of some of the caution that would ordinarily be used in regard to the employment of these discharged patients. The concensus of opinion would probably be that under normal conditions the handling of food and the close contact with others, often little children, entailed by domestic service would be somewhat dangerous in view of possible recurrent attacks. The monotony of domestic routine after the life of excitement would also be a very important consideration. There will, however, occur to the reader a list of occupations that are wide open and would be of less risk than that of domestic employment.

INFLUENZA VIGNETTES

By MARY E. WESTPHAL.
Assistant Superintendent, Visiting Nurse Association of Chicago

Because of bad housing conditions and over-crowding, we were very hard hit on the west side of Chicago, and are still (Nov. 8 ,1918) getting calls where entire families are ill. Dirty streets, dirty alleys and just as dirty houses, and lack of proper sleeping quarters have made our work more than usually difficult.

The Ghetto was a hotbed of influenza and pneumonia. We carried it for a few days and then turned it over to the city Tuberculosis Nurses who took this large, congested area as one of the five sections in which they carried influenza and pneumonia cases. District 8, or as we know it better, "Hull House District," helped us wonderfully, supplying warm gowns, baby clothes, bed linen when needed, soup and other foods for families that could not provide it for themselves. Miss Addams came in to our sub-station daily to see if there was not something more that she or the other residents of the Settlement could do.

The houses in this area are very close together and many families live under one roof. The people watched at their doors and windows, beckoning for the nurse to come in. One day a nurse who started out with fifteen patients to see saw nearly fifty before night. In District 28, where the streets are narrow and the people many, sixty-five calls were made in one day, though of course not all by one nurse. Fourteen calls in a busy season is a fair average for this small district. The Visiting Nurse repeatedly started out in the morning with a definite list of calls in her hand, but sometimes before getting out of her first case, she was surrounded by people asking her to go with them to see other patients. Physicians could not get around to all of the people needing them, it was impossible to get orders, consequently the nurse had to try to be many things to all people.

At first the gowns and masks which all of the nurses wore frightened the people, and several times women helpers who had come in to stay left the homes on seeing the nurses so dressed up. Gradually they became accustomed to them and in many homes we trained the husband, or wife, or whoever was supplementing our care to the sick, to wear the gowns and masks.

On one of the coldest, rainiest days which we had, the nurse met on the sidewalk in front of a home, an eight-year-old boy, bare-

footed and in his nightdress. She quickly saw that he was delirious and coaxing him back into the house, she found the father sitting beside the stove, his head in his hands, two children in one bed, the mother and a two-weeks-old baby in another. She questioned the man, who was nearly crazed because, as he told her, he had just given his sick wife, a pneumonia patient, a spoonful of camphorated oil instead of castor oil. He had been up night and day caring for the wife and children, all with temperatures above 104, and his temperature at that time was 101.6. The nurse sent for the doctor, administered to the woman, bathed all of the patients, and sent the youngest child to the hospital, where he died a few days later. Several days afterwards, while the nurse was in the home, the mother had a severe hemorrhage from the ear. When we returned for our second call that same day we found that the patient, between our two visits, had been to the cemetery to see the child buried. With the exception of the one child, all in this family recovered.

In District 7 we had what were surely two of our star cases. Two Italian families (the men were brothers) lived in the one house. The mothers in both families had pneumonia. In the home on the second floor a girl of three and a baby of one had pneumonia; on the floor below, a six-year-old girl had pneumonia and two other children under six had influenza. The men in both cases stayed home from their jobs, dressed in gowns and masks, and nursed their families through without a death. We were anxious about the family on the second floor, for they seemed pretty poor, but the man said, "I have got $30 left and by the time it is gone, we will all be well." Mrs. DaPra, with her languages and understanding of the people, was invaluable to us in our Italian families.

In one of our families the mother, father and two children had pneumonia at the same time. The father, in attempting to get up and help his wife, had fainted and fallen on the floor, and that was the way the nurse found him on her first visit. We made two daily calls and kept two aids there for a week, and all recovered.

In another district we found a man and his wife, both under thirty, fine, strong-looking, both ill with pneumonia. In another bed in the same room were two children under three with whooping cough and influenza. They were living in furnished rooms and had recently come here from another town. The man was wildly delirious from the start. We got them into separate rooms there and tried to make hospital arrangements, but were told that while

there were empty beds at the three hospitals which we called, there were no nurses, so we had to keep the patients at home. We put a special nurse and an aid on, and the Visiting Nurse helped out by calling twice daily and assisting with the care. In spite of this, we lost both mother and father. The mother gave birth to an eight-months baby the day before she died; she lived eight hours after her husband. Both grandmothers came and each took one of the two older children, and placed the premature baby in the hospital.

Four of our families lost both mothers and fathers. We tried so hard to save a twenty-eight-year-old mother of four children, with a baby nine months old. She was pregnant and died on the eleventh day. This is a district of pretty comfortable homes, with no real poverty and no immigrant problem.

In one of our Polish families we lost five out of one family of seven. The mother we sent to the County Hospital on our first visit, then one by one, as they became ill, we sent the father, two boys with pneumonia, and a girl with diphtheria. There are two members left in this family, a seventeen-year-old boy and a nineteen-year-old girl, who have gone to live with relatives.

In one of our Jewish families, when the Visiting Nurse went to give care to a newly delivered mother one morning she found that a child two years old had died during the night. It was only by promising the mother that she could have the baby's body again that we could get it away from her, and she insisted upon having the little casket where she could see it until it was carried away. The mother made a good recovery.

In one of our Bohemian families six people living in three basement rooms were ill. The mother and father we sent to the County Hospital, and the twelve-year-old girl helped us to care for three children. All in this family recovered, although the man left the hospital with a temperature of 101°, and walked home (eight blocks), because he was so worried about his family.

Many of our pregnant mothers died; some newly delivered mothers recovered, one young mother, twin delivery, who developed pneumonia on the third day, made an uneventful recovery. In the majority of our families most of the members were ill. Our patients were untouched until the nurse could get back to them, and each new case seemed more urgent than the last. Of course our records suffered very early in the epidemic, but we have re-

corded 129 recoveries from influenza or pneumonia, or both, of 88 pregnant mothers and 41 delivered mothers; 24 deaths of 7 pregnant mothers and 17 delivered maternities.

In three different districts on the West Side, pregnant women with influenza developed pneumonia and appendicitis. One was delivered in a hospital and was sent home with her baby, recovered; two were sent to the hospital with influenza, which developed into pneumonia and was followed by appendicitis, recovered without further complications, returned home and later had normal deliveries. A number of patients complained of definitely localized pain and soreness in the right side of the abdomen.

Of course amusing things happened, and the people offered all sorts of inducements to the nurses to stay. One distracted husband could not understand what kind of a nurse one of our staff was, that she would not stay with his family. He finally said, "Do you work by the day or by the job?"

Everyone tried to help us. A taxi in which I was hurrying to Rush sub-station one noon, was stopped by a motorcycle policeman, who said we were exceeding the speed limit. When the driver told him that he had a nurse in there, the policeman replied, "A nurse? All right, shoot" and we surely did almost that until we reached the sub-station.

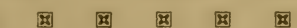
SOME SIDE-LIGHTS ON THE INFLUENZA EPIDEMIC

From Mrs. Estella Edson, of the Sacramento County Association for the Study and Prevention of Tuberculosis, we have some account of the influenza epidemic in Sacramento, California.

When the epidemic broke out, the local board of health and the Red Cross got together and talked over the situation and as a result of their consultation Mrs. Edson (who is a graduate of the Hahnemann Hospital, Philadelphia, and of the four months course of the Chicago School of Civics and Philanthropy) was asked to advise what should be done. There were no visiting nurses in Sacramento; but Mrs. Edson felt that district nursing would be one means of handling the cases; and being authorized to carry out her suggestion, within two days she had procured nurses, had the city districted, and daily report books were ready. The district nursing was begun in a preliminary way the day she took charge, the first work being that of visiting the schools of the city to ascertain

the number of absentees and the reason therefor. Two days later a full corps of nurses was placed in the field, the entire city being districted and assignments made to take care of the sick people, whose names and addresses were supplied by the City Health Officer.

The nurses worked in pairs, this being found a good plan. They discovered home conditions in many cases so deplorable that they not only ministered to the sick members of the families, but were compelled to perform many household duties as well. In all 58 nurses were employed during the five weeks period of the epidemic. Fifteen of these were graduate nurses and the others had practical experience in nursing. Altogether 3,985 visits were made, 4,638 hours being consumed in these calls. It would have been impossible for the nurses to have accomplished so large an amount of work had it not been that many generous-hearted people contributed their automobiles and their own personal service, day after day, conveying the nurses from house to house.



District Association No. 4 of the Ohio State Association of Graduate Nurses (comprising the counties of Cuyahoga, Erie, Huron, Lorain and Medina) held its annual meeting on January 21st at the Hampton Robb Memorial Club House, Cleveland.

The Central Registry conducted by this Association presented figures showing that there were received during the months of October, November and December, covering the period of the epidemic, 2,828 calls, of which only 158 could be filled. This condition was due to the fact that there were only 70 nurses registered during this period, against a registration of 230 at the same time the previous year. The situation was rendered more acute by the fact that a large proportion of the registrants were themselves ill. The falling off in registration was mainly due to the drain that had been made upon Cleveland nurses by the demands of Red Cross Service both at home and abroad.

Despite the fact that nurses from the Registry were frequently offered from $50.00 to $75.00 a week, their remuneration remained the same as during normal times, that is $30.00 and $35.00 per week. Profiteering was, on the other hand, practiced by nurses and others who were not organized and who had no code of professional ethics. The situation developed by the epidemic has made evident the need for legislation making impossible a repetition of the latter conditions.

CHILD WELFARE AND THE PUBLIC HEALTH NURSE

BY MARY BRECKINRIDGE THOMPSON, R.N.

No one who has lived in happy association with a little child has come out of that experience, however brief, without recollections compounded of fairyland and the Kingdom of Heaven. And no one should seek to interpret children to others who has not thus shared their fancies, ministered to their needs and knelt at their shrine. Theoretical knowledge by itself is inadequate, however profound. Said a child lover of other times: "Come, let us live with our children." Anyone who has so lived has a right to speak for them. My reason for expressing myself is that I have such a right, as I shall briefly indicate.

I was in my early teens and living in Russia when my younger brother was born at our home in the American Legation. When our kind family physician, who has happily died before disaster fell upon his dear country, presented the baby to me there sprang up in my waiting heart a love of little children which never afterwards died down. Much of what I learned through the years immediately following came from this baby, in whose care his old Finnish nurse let me share, and as the years went by I played with him and told tales before old fashioned fires. From Russia to the Southern states and the far Canadian forests trail the memories of his childhood and my share in it. I was his first teacher, and later, when he went to school, he was so good as to express a preference for "Sister Mary's simple teaching."

While he was still a very little child my companionship with those of his kind widened to include a family of cousins on a Mississippi plantation where much of my girlhood was spent. There were five of these children when I returned from Europe and was admitted into their fellowship. In their nursery, before a great wood fire, we played bedtime games while their negro nurse, whose name really and truly was Caledonia Pinkey Ann Jones, tried to get them in bed. The oldest boy wore striped pyjamas, the second white night drawers and the little girl, the next in order, danced like the fire flames in a red covering with legs and feet. Another girl, in her third year, was snuggled into a night dress that tied up at the end with a drawstring against which she kicked her chubby feet in vain, while her gleeful, gurgling laughter rang out, as it has

rung for many years in the nurseries of paradise. The baby boy, buttoned into a conventional slip, was put to bed in another room after his toes had been toasted.

I lived in constant association with these children and my little brother as they grew from one wonder age into another, playing hide and seek in the tall cane, measuring their growth against the cypress "knees" at the edge of the mysterious swamp, dangling on the swing from a limb of the great pecan tree before the veranda, learning to ride on a gentle white mule and then being promoted to a mustang pony, soberly listening to such fairy tales as my brother said were "old to everybody else but new to us," following the darkies as they plowed the long furrows for cotton and corn, shouting, springing, dancing, dreaming through the best of life there is. Then long afterwards I was myself for four years a mother. All this I have told to prove my claim to write of children.

I have met many people of late who studied deeply and understood certain definite aspects of childhood and yet were so ignorant of other aspects as never to get a clear conception of the little child as a living whole. The average teacher is painfully ignorant of a child's physical needs, although if she has had good kindergarten or Montessori or primary instruction she knows much of his mental side and can play with him acceptably and handle him tactfully. The average social worker thinks of the child in groups, and broad economic policies having to do with housing and income underlie her valuation of him. She is immensely useful in ameliorating the environment of many an individual child with whom it would stump her to have direct dealings. The dietitian knows all about children's digestive tracts and what should go in and what stay out of them, but she could not successfully cope with the care of a new born baby uninstructed, knows practically nothing of its mind and little enough of the social questions which often determine its life or death. The trained nurse can minister to all the physical wants of a baby, from the prenatal period on, better than anybody else in the world, but her training stops just there. The Public Health Nurse, on the other hand, comes, I undoubtedly believe, into a comprehension of more of the things childhood stands for than any other professional woman. But she is woefully lacking in certain directions, too, and I am writing this paper to tell her so.

The Public Health Nurse has the knowledge of the physical care of children in all its perfection which her general nurse's training has given her, plus an increasingly varied and ever widening

induction into the social and economic forces which produced the social worker, plus the grasp of community hygiene which her peculiar hospital experience has especially prepared her to receive. Her knowledge of all that childhood is and all that it stands for and all that it may become is, therefore, many sided when compared with the knowledge of any other professional woman and includes the child himself, his environment, and his place as a unit in our national life. But unfortunately it only includes half the child, and the half of which the Public Health Nurse is ignorant is that part which I shall call the spirit of the child: his loving heart, his will, his imagination, his mind, all of his rare and beautiful soul.

About a year ago I tried to find someone to succeed me in teaching Child Welfare at a junior college in the Southwest where I had introduced it as a course of study. I corresponded with numerous agencies supplying social workers, teachers, nurses, dietitians and with many of these specialists themselves, and not one among them all had ever taken a cursory glance at the whole child or was fitted to speak for him in more than one or two of his aspects. Each had credentials entitling her to teach a phase of child care. One could train student kindergartners, another knew all about calories and vitamines, a third could demonstrate the correct care of a baby's body, sick or well, while a fourth had graduated from a school of philanthropy and social science but had never bathed a baby in her life. So it went. But the twenty-four eager girls in my Child Welfare class stood for the motherhood of America to me, and little unborn citizens pleaded through them for the right to be understood as babies never have been understood, generally speaking, in "these rude foreshadowings of the civilization that is to come."

It is because the foundation of the Public Health Nurse more nearly prepares her for Child Welfare than any other that I appeal to her individually and to those who have her training in hand to round out its incompleteness. It would be well if she came in touch with little children on their personal side, if she read a few of the books that specialists in the minds of children have contributed, books as authoritative on child psychology and as simply written as are the various manuals for mothers on physical care. Popular impressions to the contrary, many of the writers who interpret children are parents, women as well as men, of whom I need only mention Mrs. Birney and Dorothy Canfield Fisher; and

others have lived with and loved so many children that their knowledge runs deeper than motherhood itself. Such are Kate Douglas Wiggin and Elizabeth Harrison. It would be well for the Public Health Nurse if she also read stories about children, human stories depicting them as they are. I am speaking of such books as Madam Liberality, The Gentle Heritage, Castle Blair, Heidi, Timothy's Quest, Diddie Dumps and Tot—books in which the children of England, Ireland, Switzerland, New England and the South play and dream as the childhood of the world has played and dreamed through its thousands of unconsidered years. Poets weep over flowers blooming unplucked and gems shining unadmired in lonely wastes where man may never see them. But the children of man grow up about him on every hand and he heeds them not to understand them. And yet, it is only by becoming like them that he may enter with them into the Kingdom of Heaven.

When the Public Health Nurse has added some insight into the minds of children to her other equipment and broadened her own outlook on life correspondingly she must add one thing more to all the rest. She must love them. A child may survive many mistakes; millions survive them every year. He may win through on a faulty diet, wrongly clothed, in crowded tenements or on unkempt farms, with his dreams unheeded and his imagination stifled and his air castles bowled over like the block ones he builds with baby hands. A child may survive these things because nature made his body resistant and his Antaean soul renews its vigor from the common things of earth, the mystery and glory of which no lack of insight and sympathy from those about him can ever wholly dispel. But a child cannot live loveless. The resentful, bitter or crushed and martyred creature which survives may indeed be young, but the child in him is dead. And it were better for those who killed him that a millstone were hanged around their necks and that they were drowned in the depths of the sea.

"Heigho! babyhood, tell me where you linger.
Let's toddle home again, for we have gone astray.
Take my eager hand in yours and lead me by the finger
Back to the Lotus lands of the far away!"

CHILD WELFARE WORK IN WHEELING, W. VA.

Editor's Note: The following report on child welfare work has been made by Mrs. Andrew Wilson, Chairman of the Child Welfare Committee, Wheeling Woman's Club. Mrs. Wilson was made State Chairman of Child Welfare Work and Special Agent of the Children's Bureau last summer, and she is also Chairman of the Public Health Department of the State Federation of Women's Clubs. The Public Health Nurse in charge of the work in Wheeling, Mrs. Dillon, is State Representative of the National Organization, and Mrs. Wilson and she have therefore a broad opportunity for working out plans for effective public health nursing work in the State.

National Child Welfare Week was first observed in Wheeling in May, 1916, with a "Baby Week." Instruction was given to mothers regarding child care, by means of talks and demonstrations, held in different sections of the city, by physicians and nurses. Mrs. W. H. Metzner was the Chairman at that time.

The following year, from April 29th to May 5th, National Child Welfare Week was again observed with the cöoperation of nineteen local organizations, by holding a mammoth educational exhibit. The object of the exhibit was to inform the public about the welfare work already being done in the city and to prove the need of a permanent, constructive work in the care of children and the conservation of child life.

The organizations coöperating in this campaign were:

1. City Health Department.
2. Panhandle Agricultural Club.
3. Certified Milk Commission.
4. Juvenile Court.
5. Catholic Women's League.
6. Playground Association.
7. Ohio Valley General Hospital.
8. North Wheeling Hospital.
9. Anti-Tuberculosis League.
10. Social Service Federation.
11. Florence Crittenden Home.
12. King's Daughters' Day Nursery.
13. Y. W. C. A.
14. Y. M. C. A.
15. Public Schools.
16. Public Library.
17. St. John's Orphanage.
18. Children's Home.
19. Rotary Club.

The Week's program for Child Welfare Work was opened on April 29th, 1917, by "Baby Sunday" with special services and music pertaining to the child and the parent. Each succeeding day of the week was named for one or more of the organizations cöoperating, and these organizations were responsible for the program of the day. Each organization also prepared and conducted an exhibit in the Exhibit Hall, while in the Auditorium, special programs were carried out each day. All the commercial houses cöoperated by

having special window exhibits relating to the child and as each organization assumed the expense for its part of the program, the entire expense to the Woman's Club was only $140.00.

Hearty coöperation from the Press aided in carrying on the educational campaign, as space in the daily newspapers was most generously given. During this week six public meetings were held and twenty-four talks were given.

Some of the Subjects covered were:

1. The Essentials of Child Welfare.
2. Public Health Ideals.
3. Wheeling's Past and Present Aims, in Behalf of Child Welfare.
4. Relation of Food to the Spread of Tuberculosis.
5. What the Public Schools Can Do for Control of Tuberculosis.
6. Moral and Educational Side of Child Welfare Work.
7. The Child and the Community.
8. Value of Recreation to the Community.

Health Plays were given by the children for the children, and daily Health Talks were given to the children in story form from 4 to 5 P. M.

The first step in the follow-up work was the appointment of a permanent Child Welfare Committee in the Woman's Club. This Committee decided that the educational side of Child Welfare should be emphasized as of primary importance, and to this end secured a Health Teacher; the Health Teacher to do constructive, educational work among the women of the community by forming Health Study Classes to promote health, to prevent disease and to conserve child life. Hygiene, sanitation, food values, child care and all other subjects that lay the foundation for home-making, motherhood and a healthy community, to be studied and taught.

The Committee planned to coöperate with the Board of Education, asking the privilege of utilizing the public school buildings as health educational centers to conduct these classes.

The Health Teacher, Mrs. Jean T. Dillon, was secured through the office of the National Organization for Public Health Nursing, and Teacher's College of Columbia University, and she began her work on October 15th, 1917. In November the Board of Education gave unanimous consent to the use of a room in each school building for health education for the women of the community. By December, a Health Study Club had been organized, and was at work, in each of the ten public schools. By March these Clubs were organized into permanent "Community Health Clubs."

The Subjects covered during the winter were:

Infection: From within, and from without the body.
Prevention.

Prenatal care: Infant mortality rate of the United States.
Infant mortality rate of Wheeling.
Causes and prevention.
Female generative organs.
Care of woman in normal pregnancy.
Complications of pregnancy, care and prevention.
Preparation for labor.
Preparation for child.

Subsequent care of mother and child.
Emergencies of labor.
Care and feeding of children.
Milk: Its value as a food.
Wheeling's Milk Supply. Health Department Reports.
Wheeling's Water Supply.
Food.
Teeth and Adenoids.

A Health Study Class was also formed within the Woman's Club and a similar one within the Collegiate Alumni Association, for the study of municipal housekeeping problems and civic responsibility, in order that the women of Wheeling might be prepared to assist the Council of National Defense when it would be ready for such workers in the State.

The Subjects studied were:

Wheeling's Water Supply:
Sources of contamination.
Expense involved for purchase of clean water.
Money waste from typhoid.

Infant Mortality:
Birth registration.
Infant mortality rate in Wheeling.
Causes of infant deaths in Wheeling.
Preventive measures.

Milk:
Food value.
Possible sources of contamination.
Sources of supply and Health Department report.
Report of Committee appointed to visit dairies.

Food:
Food-handlers' laws. "W. Va. laws."
Report of committee appointed to visit restaurants, bakeries, markets, etc., etc.

Tuberculosis:
- How spread and prevented?
- Relation of tuberculosis to poverty.
- Provision in Wheeling for discovery and care of tuberculosis.

Public Health Nursing in Wheeling:
- Ten-minute papers by a representative of each branch of Public Health Nursing in the city.

The total enrollment in the various Health Study Classes was 450, a large group of women who will make stronger, better and more intelligent mothers, and citizens of the community, for having had this instruction.

In all our efforts toward Public Health Education we have had the hearty coöperation and support of the city Health Department, and a permanent "Milk Committee" has resulted from the two groups studying civic and municipal housekeeping problems, which will assist the Health Department in its efforts to create public opinion for a cleaner, more healthful Wheeling. The Milk Committee is formed of representative women from the Woman's Club, with Sub-Committees from each Community Health Club in the ten school districts, and will visit the dairies of the city simultaneously and frequently. This Commitee will report all its findings to the City Health Commissioner and to the Child Welfare Committee.

The request of the Government for the "Weighing and Measuring" of all children of pre-school age has been complied with. The Health Teacher, with the assistance of the Health Study Clubs and the Units of the Woman's Club, has registered 4,267, and weighed and measured 2,908 children under six years of age.

Ten "Well-Baby Clinics" have been conducted all summer in the school buildings, where health conferences have been held for mothers each week and these conferences are to be continued throughout the year. A great many pamphlets, issued by the government, on "Child Care" and "Prenatal Care" have been distributed and used also as text books in the Health Study Classes.

Through the "Weighing and Measuring" campaign, it was discovered that 1,172 of the 2,423 Wheeling-born children weighed and measured, had not been registered at birth. The Health Commissioner has furnished a blank birth certificate for each child not registered, which will be attached to the government card of the child and the advantages of birth registration explained to the mothers, with the request that the certificates be filled in and returned to the Health Teacher at the school, who will file them in the City Health Department.

The aim of the Woman's Club of Wheeling is to continue the responsibility for this patriotic, educational work and to prove the necessity of Health Education for boys and girls in our schools, preparing them for their responsibilities in life, and to demonstrate the efficiency of group teaching in health education. We have been sending our young men and women to the altar with little preparation for fatherhood and motherhood. The result is the appalling sacrifice of our children, and physical weaknesses and defects, as discovered by our Draft Boards, because they have not been taught the value and importance of health as a matter of education, which should be taught in our Public Schools.

War Work on behalf of the children has been inaugurated by the Children's Bureau of the United States Department of Labor and the President has approved the plans for Children's Year. He says:

"Next to the duty of doing everything possible for the soldiers at the front, there could be, it seems to me, no more patriotic duty than that of protecting the children, who constitute one-third of our population."

As Chairman of the Child Welfare Committee, I wish to thank the Children's Bureau, the Board of Education of our city, the Superintendent, Principals and Teachers of our Public Schools, the Press, the Public Health Nurses, the Directors of the Woman's Club, the Health Study Clubs, the Units of the Woman's Club, the Health Department and friends for their splendid coöperation and support in this work, and our efficient Health Teacher, Mrs. Jean T. Dillon, who is always ready and willing to do everything possible for the mothers and children of Wheeling.

COUNTY PUBLIC HEALTH NURSING IN THE FAR WEST

BY JANE C. ALLEN, R. N.

Oregon now has two counties employing Public Health Nurses. A year ago the field was untouched save that the State Tuberculosis Association had made preliminary tuberculosis surveys in nine counties. But, since February, 1918, despite the fact that Red Cross demands had created an acute shortage in the Public Health Nurse field, two counties have been entered by the Tuberculosis Association and induced to employ county nurses.

The first county was Jackson, in the Rogue River valley in Southwestern Oregon. The 1917 Red Cross Seal sales had been

large there, hence the Tuberculosis Association chose that county as the first to be given a three months' demonstration of the work. The story of this three months is an interesting and somewhat exciting one. The demonstration was successful, as the county court willingly took over the work and a permanent county nurse was employed.

Lane County, in the lower Willamette River valley, was planned for the next demonstration field. Here is located the Oregon State University and several interested members of the faculty had for some time been corresponding with the Tuberculosis Association asking that the work be started in that county. However, it was thought advisable not to begin the demonstration during the summer vacation months but to wait until the beginning of the school year.

Thus it came about that a third county, Coos, in the far Southwestern corner of the state, was gone into by the field nurse the first of July for the purpose of making the usual preliminary tuberculosis survey. Two months would be spent at this, and Lane County work begun the first of September. To the very great surprise of the field nurse and of the Association backing her up, Coos County people at once became interested in the proposition of a county Public Health Nurse of their own; and before the middle of August letters and petitions and even telegrams came pouring in to the County Judge's office from every section of the county asking that the Court consider favorably the matter of assuming the expense of a permanent county nurse.

The making of a tuberculosis survey became a secondary affair and the nurse began to realize that the time for organizing work and getting a representative committee to visit the Court had come. A county meeting was set for the twenty-first of August and, in spite of inconvenient traveling facilities, nearly fifty interested people from all parts of the county met at the county seat and organized the Coos County Public Health Association. The newly elected president immediately appointed a committee to visit the Court, which was to meet, at the request of the nurse, in special session a few days later. The committee received a favorable answer from the Court and so successfully did matters move along that by the first of September the new Association was in working order, with a vice-president and a supply and a nurse committee member in each community center of the county.

The next thing was to secure a permanent nurse for this new position. Lane County was waiting for the field nurse to come, as had been promised, but it was felt that a lapse in the Coos County work, which had started off so auspiciously, would be disastrous. Not until four months later was the nurse secured for Coos. During this time the work has not stopped. A regular schedule of visits over the county has been carried out; schools have been visited and a systematic inspection of pupils for physical defects has been made; tuberculosis, general, pre-natal and infant welfare cases have been carried for advisory care and some actual nursing care given when necessary. An office in the business center of the county has been opened and office hours kept every Saturday afternoon in order that the nurse might be available to people from the isolated parts of the county for consultation and to receive calls. Gradually the work has grown, until already the people are beginning to talk of a second nurse to assist.

The story of how Coos County on the far Western coast, where ocean, bay, salt water sloughs, rivers, lakes, mountains and forests make wonderful scenery and a most delightful place to live, but present a perplexing problem in getting about easily for a county nurse, took to the idea of a county Public Health Nurse and energetically set about securing one, probably seems almost unbelievable to Eastern nurses, but we Westerners do things that way. We look at a thing, see that it is good and at once go about making it ours in the quickest way possible. And having once undertaken a task we do it thoroughly and stand by it loyally.

WAR AND THE PUBLIC HEALTH NURSE

A REPORT FROM THE RED CROSS TUBERCULOSIS COMMISSION TO ITALY.

The Red Cross Tuberculosis Commission to Italy has been spending most of its time since its arrival in Italy in assisting to combat the influenza epidemic and in studying general conditions among the people. Their work with the influenza patients has given them exceptional opportunity for gaining the information wanted—they have had entrance to the homes and have seen things as they actually are.

In regard to tuberculosis, they have so far confined their activities to studying conditions; the causes (which they attribute to bad housing and unsanitary conditions), and to outlining a form of organization for a National Anti-Tuberculosis Association for the Italians to use in combating the disease, feeling that in that way—namely by leaving behind them a permanent national organization—they can best attain their object in the fight against the disease and make their influence felt long after the Commission has returned to this country.

The following is an outline of the plan proposed; it should be understood, of course, that it is merely a plan to be suggested to the Italian Government for its approval:

1. Main Purpose and Proposed Plan of Work.

Because the province is the governmental unit it has been selected as the unit for the building of an organization to study, organize and provide the necessary equipment to fight tuberculosis.

In many provinces there are (1) existing voluntary organizations, for the most part local in scope; and in some provinces the situation is complicated by having several such voluntary private organizations. (2) In accordance with provisions of a law passed early in 1918, there is to be found in some provinces a governmental committee of seven members with the Prefect as chairman, which is supposed to solve the tuberculosis problem from a provincial standpoint.

To bring all those interested in this work into a provincial committee, well orgainzed, with its board of trustees and its various

committees strengthened by strong, influential citizens, and to have that board provide itself with a business manager or full time executive secretary is the main purpose and proposed plan of work which will lead to

2. The Ultimate Purpose.

Having built up strong voluntary groups in each province, or as many as it is possible to reach in the time at the disposal of the Commission, *then* to erect a strong national association, voluntary in character with a strong man as executive secretary, providing on the board of this national group representation for each provincial group. The national association can then carry on the work of organization and development of interest in those provinces hitherto unreached, at the same time providing help and assistance to all those groups already organized.

3. Scope of Work of Commission.

(1) Organization
(2) Methods.

The giving of money by the American Red Cross will take place only as the Commission is convinced that a provincial group will start and develop its work along right lines, and all money and material help given will be with a view to making solid the organization in the province. The funds necessary to carry on this work must come from the community. One underlying purpose of the organization is, of course, to teach them methods of raising funds.

The Commission will offer its assistance in any way that is desired and as it becomes necessary the various Bureau Chiefs will visit the different communities to work out the details in connection with the adoption of plans for their particular field of work.

The Bureaus of Commission consist of:

1. Organization and Public Health Education.
2. Public Health Nursing.
3. Medical Service.
4. Infant Welfare.
5. Medical Inspection in Public Schools.
6. Statistics and Records.
7. Finance and Accounting.

It is pointed out that tuberculosis is only one of the problems in Public Health work, but the form of local voluntary organiza-

tion created to fight tuberculosis is capable of expansion to meet all other health problems which may exist or arise in any given community.

REPORT FROM SECTION OF PUBLIC HEALTH NURSING

The following report has been made by Miss Gardner:

No effort to begin definite public health nursing has been made by the Nursing Section of the Tuberculosis Commission. The time since the arrival in Italy has been spent in an effort to understand nursing conditions and in trying to establish friendly relations both inside and outside of the Red Cross. Emergency work has also been done in connection with the Spanish fever epidemic.

Miss Thomson studied the nursing situation in Milan as far as was possible in three weeks' stay. American Red Cross nursing activities were found to follow three lines.

1. Hospital (for Red Cross personnel).
2. Teaching center (two courses of lectures have been given at the request of the Department of Civil Affairs to Italian girls who have been assigned to various Red Cross assyli).
3. Magazine or laboratorio (nurse in charge under Captain McIlvaine. Twenty to twenty-five Italian women employed and a detail of six or seven Italian soldiers).

Nursing work in the Italian hospitals in Milan is carried on by six different groups of Italian women:

1. The nuns (sometimes very efficient but may be quite untrained).
2. The infermiere. (For the most part untrained and only in rare instances capable of training.)
3. Trained nurses. (Trained in some of the few hospitals in Italy which have training schools directed by English or American nurses. This group is so small as to be almost negligible.)
4. The Italian Red Cross nursing service. (A great number of intelligent and generally interested women. Volunteers, a fact made much of, as the prejudice against women who are self-supporting is quite general among the upper classes in Italy. A short course of instruction is given these women. It is expected that many, after the war, can and will be placed in the Italian Red Cross tuberculosis dispensaries for home visiting. Six of these women are now doing such work in Milan.)

5. The White Cross nursing service. (Supported by the church and found assisting the sisters in military hospitals.)
6. The Green Cross Nursing Service. (Information regarding this group is inadequate. These nurses apparently work with either the government or the church and with each of the other groups.)

Miss Thomson feels from her short period of observation that Milan is well equipped to care for most of its social problems but that only a very few people have even conceived of the value of the modern trained nurse. The children's ward of the Hospital Maggiore is in charge of trained Italian nurses and the training school also at the Hospital Jolanda. In both places the services of the nurses are appreciated. The Italian doctors met by Miss Thomson were of the finest order of men and appeared interested in talking with her about American nursing standards.

Miss McCarthy's ten-day stay in Aquila in the Abruzzi gives an insight into conditions of a prosperous Abruzzi town of 2,000 inhabitants and also of four of the small nearby towns and villages. Aquila is used as a center for American Red Cross social work. Italian girls, trained for three weeks at the American Red Cross teaching center in Milan, are working in the small villages under the careful supervision of an American worker stationed at Aquila. It would seem quite possible to add public health nursing work to the social work already being done in this region. There was every evidence that such work would be welcomed by the people themselves. The homes in the village were dark, over-crowded and illy ventilated but the people seemed well nourished. Aquila, though hard hit by the epidemic, gave evidence of prosperity and a people in good condition.

Three pieces of emergency work have been undertaken by the nurses, all three in connection with the epidemic of Spanish fever. Miss McCarthy answered the call from the Department of Civil Affairs for a nurse at the boys' refuge school at Monteporzio near Frascati. Of the 87 boys and masters belonging to the school 73 had the disease, all being sick at the same time. There were no deaths and no sequelae. Miss McCarthy, with the help of one Italian nurse and four lay-helpers, one of whom, however, had had excellent hospital experience, succeeded in establishing a well-run little hospital for the period of the epidemic.

Miss McCauley answered a call from the Department of Civil Affairs for a nurse at Toscania. A clinic was opened by Dr. Benson and Miss McCauley, with the help of the people of the town, which was instantly crowded with patients suffering with Spanish fever, and from twenty to thirty home visits per day were made by Miss McCauley. The services of the nurse were eagerly sought and all her directions followed.

A like piece of emergency work is being done by Miss Kamerer at Sezza, except that the hospital of thirty beds has been opened for the sickest patients which Miss Kamerer is taking charge of with the help of six Italian women and (now) an Italian nurse who will replace Miss Kamerer when she is withdrawn.

In both Toscania and Sezza the representative people of the town, as well as the poor people, have welcomed warmly the nurses' aid and in both places I think organized work could probably be established without much difficulty.

Miss Hall's response to the call from the Department of Civil Affairs for a nurse in Naples revealed a different situation. A clinic was opened to which the people flocked and Miss Hall was made most welcome in their homes. She feels, however, that little can really be accomplished in Naples without a complete and thorough understanding of the needs of the city as a whole and some form of organization which would amalgamate existing agencies.

I have myself met in Rome a number of people who have given more or less valuable information in regard to nursing in Italy. I gather that there are a few women who would be interested in better nursing conditions for the country. These women are not all in Rome but several of them are known to each other and I think might join together in some form of organization or might at least be interested individually in furthering nursing work. So far, I have found no comprehension of public health nursing in the American understanding of that term.

Miss Hall, in her report gives an interesting description of what is being done in Naples, and the conditions found there.

October 24th reported at Red Cross Headquarters, Galleria Victoria, at 9:00 a. m. Found Captain Sedgwick and Lieut. Palmer who said that conditions in regard to the influenza were much improved but that there was a good deal of follow-up work that ought to be done. The morning was spent in meeting members of the Red Cross, learning conditions, making plans, etc.

Among the Red Cross workers was Prof. Perret, who said he was going to make visits in the afternoon and would take me along. I had a most in-

teresting time. Prof. Perret has lived a number of years in Italy, knows the language and the people, and is much interested in them. At the present time he is devoting himself to relief work. He has opened a milk station and has an Italian nurse who visits the families, directs the feeding of the children, etc. They have a small dispensary where simple dressings can be done. The milk, which is furnished by the Red Cross free to all who need it, is not given in cans but is mixed and put into bottles that are furnished each morning by the families. Prof. Perret depends for medical service on Dr. Ramer, the only American M. D. in the city. Dr. Ramer holds an official position under the American Government. He has been holding a clinic three times a week for the families of soldiers, but found he could not take care of them all in the length of time that he had to give to them, so it was decided to turn over the Galleria Victoria for use as a dispensary.

Dr. Ramer moved such of his equipment as he needed there, and in a very short time the new dispensary was running smoothly. A table and a large screen were procured which made it possible to examine both children and adults. We also fitted up a closet with an electric heater and were thus enabled to give mothers and children hot drinks. With Lieut. Palmer working with Dr. Ramer from 9 until 12:30 each day it was still impossible to see all who came, although we were seeing between thirty and forty daily.

The impression one gets of the children is that they are not sick but starved, they are very dirty and have considerable skin trouble, but one feels that what they need most is plenty of good food and soap and water. In visiting the homes we found conditions very bad and we could readily understand why people who have no water without having to carry it, do not bathe much; and why they will not keep their windows open when they have not food enough inside or clothes enough outside to keep them warm. Many homes consist of just one room with no opening except the door and no light when the door is closed, with no chance for ventilation at night when all the family retire and take with them any animals they may have. The girls of the middle class do no work of any kind, and I am told it would be almost impossible to reach them in order to secure pupils.

There are many very fine people interested in the work from whom we could get help of all kinds, but the general opinion is that there is only one way to do the job, and that is to begin with the children.

We had one child come to clinic who had almost lost the sight of one eye and was in danger of losing both. We found there was a free clinic where she could be given care.

The conditions to be met are poverty, bad housing, superstition and suspicion.

Some tuberculous children came to us with ulcers to be dressed, who said they could secure no help in the hospitals because they were long cases. The people are very easy to reach because they need so much that which we can give them.

THE EXTRA-CANTONMENT ZONES

The Extra-Cantonment Zones which were established by the U. S. Public Health Service around the various army cantonments for the protection of the army and of the neighboring civilian population from communicable diseases, are now gradually being closed.

As our readers know, Miss Mary E. Lent, Associate Secretary of the National Organization for Public Health Nursing, was released for war duty as Director of the Nursing Service organized by the Public Health Service in connection with the work in the Extra-Cantonment Zones. Miss Lent has now resigned from this war service, and Miss Elizabeth Holt of Dayton, Ohio, has succeeded her as Directing Nurse of the U. S. Public Health Service. All inquiries, therefore, relative to public health nursing activities which formerly were sent to Miss Lent should now be addressed to Miss Holt, care of U. S. Public Health Service, Washington, D. C.

During the fourteen months which she spent as Directing Nurse, Miss Lent organized the nursing service in 37 Zones, visiting 22 States, as follows:

Columbia, S. C.
Little Rock, Ark.
Louisville, Ky.
Des Moines, Ia.
Leavenworth, Kans.
Hattiesburg, Miss.
Petersburg, Va.
Anniston, Ala.
Newport News, Va.
Ayer, Mass.
Atlanta, Ga.
Chillicothe, Ohio.
Greenville, S. C.
Macon, Ga.
Manhattan, Kans.
Junction City, Kans.
Army City, Kans.
Camp Funston, Kans.
Chattanooga, Tenn.
Spartanburg, S. C.
Tacoma, Wash.
Montgomery, Ala.
Charlotte, N. C.
Waco, Tex.
Alexandria, La.
Fort Worth, Tex.
Wrightstown, N. J.
Augusta, Ga.
San Antonio, Tex.
Houston, Tex.
Portsmouth and Norfolk, Va.
Jacksonville, Fla.
Portsmouth, N. H.
Alexandria, Va.
New London, Conn.
Lawton, Okla.
Charleston, S. C.
Fayetteville, N. C.
Washington, D. C.
El Paso, Tex.

ACTIVITIES OF THE NATIONAL ORGANIZATION

THE CHICAGO MEETING OF THE NATIONAL ORGANIZATION

On December 13th and 14th, 1918, there was held in Chicago a general meeting of the National Organization for public health nursing, called to consider and vote upon certain amendments to the By-Laws, and for the presentation of plans for work during the coming year.

A joint meeting of the National Organization with the Illinois State Nurses' Association was held on the evening of December 13th at the Hotel Sherman. Miss Mary Beard, President of the National Organization, presided, and addresses were made by the following: Miss Mary E. Lent, Directing Nurse, U. S. Public Health Service; Miss Elizabeth Fox, Acting Director, Bureau of Public Health Nursing, American Red Cross; Miss Abbie Roberts, Social Unit, Cincinnati; Miss Katharine Olmsted, Extension Secretary, National Organization for Public Health Nursing; Mrs. Helen Hoy Greeley, of the New York Bar, Counsel for the National Committee to Secure Rank for Nurses; Mrs. Bessie A. Haasis, Educational Secretary, National Organization for Public Health Nursing; Miss Ella Phillips Crandall, Executive Secretary, National Organization for Public Health Nursing. These addresses, in part, are given below.

Miss Mary Beard, in presiding over the meeting, said:

During the last two years we have been using very big words. I think we have been in the midst of such tremendous issues that the use of big words has been justified. It is not justified very often. The words that I saw in the title of a book the other day describe exactly the state of mind in which we public health people find ourselves today. The book was called "The Challenge of the Crisis." I think the "Challenge" is excellent; perhaps we are afraid of what that seems to indicate, but now, just when the two difficult years—difficult, certainly, to all nurses and in the import of the great things that nurses have been called upon to decide—just when that great pressure is withdrawn we find ourselves facing great responsibilities—great in wonderful opportunities such as we never dreamed could come to us—such as we have only seen away off in the future as possibilities for us—and it is actually, literally, and in the true sense of the word a real *challenge* to be ready to meet these tremendous opportunities that have come. It takes more poise and more patience than we have had to produce ever before, certainly more than

the pressure we have been working under all through the war. We must be wise, we must be steady and, more than everything else, we must be right.

The sense of responsibility seems to be the greatest upon our Public Health Nurses today. How are we going to provide enough assistance to the Public Health Nurses of the country, so that it will be true that every family will have that which we say we will provide, and that in actual fact we provide for so small a number?

It has seemed to us in thinking about how we could give you the best idea of what is before us that you would get a much better conception of it all if the people most vitally concerned in these subjects would talk for a few minutes and tell you about it individually. There are so many sides now to public health nursing, and each one of these has been so suddenly emphasized that the opportunities and responsibilities are coming all at once. I think the reason for that is the one that underlies our responsibility for meeting the needs of all the families of a neighborhood. That is to say, that the people of America have awakened to the needs that we Public Health Nurses have felt for many years. The women in the National Council of Defense in the various parts of the country have done a tremendous thing in bringing to the other women of the country the need for nurses among the young children. We are on the very edge of being able to show that it will be possible to find money enough to care for the babies of the country and to do the child welfare work that needs to be done. The women of the country want it—the Government appreciates the need of it, and the means for doing it will be forthcoming. Who will do it? The Public Health Nurses have got to do it. Where are they? They are here, and there must be many more of them.

The Red Cross has greatly interested itself in extending public health nursing work and Miss Elizabeth Fox is here to tell us about that. The Public Health Service has done splendid work all during the war, and Miss Lent will tell us about that. The Federal Bureau has done much work in regard to children, and Miss Olmsted will tell us about that. The great need under all these activities is the need for Public Health Nurses and Mrs. Haasis is going to tell us a little about how we hope we can meet that great need.

Miss Mary E. Lent, United States Public Health Service, spoke of the work of the public health nurses in Extra-Cantonment Zones:

"Fourteen months ago I began to work as the Directing Nurse for the United States Public Health Service, with about twenty-eight to thirty nurses in the field, and with sixteen central zones. When the armistice was signed thirty-seven zones were in good running order and, with the assistance of the Red Cross, over two hundred Public Health Nurses were in the field. These thirty-seven zones covered twenty-two states, and in the majority of the zones where there was public health nursing already established, through nurses and public schools there was carried on bedside nursing work and some very incomplete school work. The nurses in the beginning were organized to do work in connection with the nursing agencies that were already existing. In some instances they all work from one center under the direction of the

United States Public Health Service Director and their staff of nurses. During the summer months, when the schools were closed, the nurses helped to establish clinics under the direction or after the plan of the ones of the Bureau.

The work of the venereal disease clinics was established a little later, and that offers one of the greatest fields and has been one of the best pieces of work we have been able to start. You do know that the nurses were put in the zones to protect the military forces from disease around the camps, in what were called the extra-cantonment zones. The responsibility of that group of nurses was varied. Under the direction of the Chief of the Bureau of the Public Health Service they not only had to work with all the other agencies, but to collect all the funds for running the work, which was a big problem; and then they had to convince the public that there was some way of controlling venereal disease. We had no means of controlling the civilian population, but were merely there to protect and control the military forces. It took some months to get this work started.

The checking up of the source of supply of clean food and milk and water was another matter, and a laboratory for each zone was started; and then our work began. We, as nurses, were rather restless naturally, because many of us had come from large organizations to do a piece of work that we felt was very necessary and an emergency. It was with great control that we held back and waited our chance, but I believe that the Public Health Nurses have made a wonderful showing. I believe that the communities where they have worked will never go back to doing without them again. They believe that Public Health Nurses are a necessity, and we have convinced the Government that we are needed in the Government. Never in the history of the world were nurses so much needed, and never has there been such a wonderful opportunity for them to do their work in the homes of the people. I want to feel that every nurse who can will encourage this work. Many zones will close down with the demobilization of the soldiers, but we must not let our Public Health Nurses stop. The urban schools must have their nurses.

Every nurse who lives near an extra-cantonment zone or where there has been a demonstration made in public health nursing can try to keep the work alive, and try to see that it goes on until it develops into what we are convinced is the best plan—a division of public health nursing in all State Boards of Health, with a qualified Public Health Nurse as the Chief Nurse, who will be responsible to the Commissioner of Health; and with county units so distributed as to insure covering the entire territory.

Miss Elizabeth Fox, American Red Cross, described the plans of the Public Health Nursing Bureau of the Red Cross:

"Before telling you about the plans which our Bureau now has for the post-war work I would like to say how the Red Cross came to be interested in the public health work. Our directors several years ago, in looking over the way it was developing in this country, came to the conclusion that it was developing rapidly in the large cities and two or three of the larger towns, but not in the rural villages, small towns or big counties; that the joy which public health nursing means to the public did not extend to the rural communities—they did not know that it could be of use to them and their public and

that much could be done for them. The Red Cross started a rural nursing service in order to extend a knowledge of public health nursing to help them to appreciate it for themselves, and get a start and make something of public health work in these rural communities. The work was started in 1912 and has been going on ever since. It was all pioneer work and was very slow in the beginning and there were many difficulties to overcome.

At the time the war started there were about one hundred villages carrying on a public health service. Then the war turned the attention of the people into other channels, the nurses went into military service and we had much difficulty in keeping the rural work even at the stage it had reached and we could not expand it during the war. The war has done many things, even if it did check all public health nursing, for it created conditions which will make it better for public health nursing to expand from now on. It has taught people how to organize. The Red Cross bureaus have sprung up everywhere and people have learned that they can organize and accomplish things. When the Government instituted the campaigns for Liberty Loans and selling War Savings Stamps the people showed that they could do it and could accomplish the things they had been asked to do. They have become public spirited and have found that there are many things more interesting outside of their homes than inside. They also learned what good nursing means, and what health means—especially through what the draft has taught. Then the epidemic came and taught a great many things. There has been nothing resembling it, and in the Red Cross Service two hundred and forty chapters sent in word that there were whole communities where there was no graduate nurse in nursing service.

It seems to us that now that the war is over and our chapters are no longer called upon to perform war duties, the time is ripe to ask them to turn their attention to some form of community service, and no form of service is more necessary than public health nursing. We want to say to them, if there is no public health nursing service in this village or town or county, "Don't you want to become interested, and don't you want to take your Chapter and form a public health nursing service?" We will not go to Chapters where there is already a public health nursing service, but we want to reach those communities where there is no service. We want to do pioneer work and educational work and not to go to communities where they already help themselves. Many of these communities where there is no nursing service will become interested through their chapters and establish nursing centers. We do not ask them to be entirely a Red Cross affair, but to make it a community enterprise so that in the end the chapter may withdraw and the community take over its organization. We are not trying to run a campaign for any health organization, but we are going in hoping that eventually the municipal or state authorities will take over the work that belongs to them, and that we can then step back.

Miss Katherine Olmsted, Secretary, National Organization for Public Health Nursing, told of the contract which the Federal Children's Bureau has made with the National Organization for some demonstration work:

"I think it was about last July that the Federal Children's Bureau made a contract with the National Organization for some demonstrative work. The Children's Bureau, we know by its Bulletin, as an investigating body did not feel that it could take the responsibility of doing an actual piece of work. These demonstrations are really to prove what the Public Health Nurses can do, not in the large cities, but in isolated parts of the country. The demonstration will probably be very similar to the Cincinnati plan. They are trying to demonstrate the value of the social unit in a large city, and we are trying to demonstrate the benefits of public health nursing in small communities. We want to make one demonstration with colored people and one with the Indians. We hope to make two in Morgan City, Illinois. The Indian demonstration may be in Wyoming or Arizona, or up in Wisconsin. If in Wyoming or Arizona it will be made to demonstrate to the Commissioners of Public Health in Washington how much public health nursing is needed by the Indians. If in Wisconsin, where they have been given practical freedom, it will be to demonstrate to the county and state authorities that the Indian children mixed in with the other children will carry disease. The colored demonstration may be made in Alabama, or just outside of St. Louis in a little town called Lovejoy. There are 3,000 people in this town and only two white men, who live in St. Louis and run a little grocery out there. The town is simply bulging with babies. We feel that it would be an exceptionally fine town to make a demonstration for the care of babies. They were very eager to coöperate and think that to have a Public Health Nurse would be about the finest thing in the world. I think there will be colored nurses in the town and it will undoubtedly be a wonderful demonstration as to the value of public health nursing.

We don't know what the demonstrations will amount to; and we know that many demonstrations are being made, but they are isolated and are not getting proper publicity. They are not printed up in the Government Bulletins, and we hope that these reports will be of value not only to the communities where the demonstrations are made, but to every Public Health Nurse, so that we may have actual reports which may help in every community.

Mrs. Bessie S. Haasis, Educational Secretary, National Organization for Public Health Nursing, spoke of plans for providing a larger supply of Public Health Nurses:

Ever since the National Organization was organized, about six years ago, we have acted as an informal placing bureau and have received word when nurses were open for engagement, and have also had requests from a great many places that wanted nurses supplied to them, and in this way we have been pretty well aware of what the need was numerically. We have been pretty much in the role of Old Mother Hubbard and every time we have gone to the cupboard we have found it absolutely bare—there has been nothing to hand out. Any child today knows about Mother Hubbard, and every child today knows about Mr. Hoover, and so we have thought it well to play Mr. Hoover, too, and we have found a great big supply of chicken. We believe that a good plan to supply the needs of every city is the returning nurse from Europe. There certainly will be about 10,000 coming home in the next year.

They are coming back to find that the communities have gotten along without them. They have been very useful and they can be very useful, particularly in this country, if they can have just a little preparation to enter a new field.

There is another source that we have tapped, and that is the senior pupil nurses. I know that many of us who never heard of public health nursing while we were in the training school wish that a little of the three years might have been shaped for the work that we were going to do. I have in my office a list of the places that are now giving instruction of at least a month, and sometimes four months, to their senior nurses in public health nursing. This is a splendid beginning and we want to see it extended to every part of the country where it can be used in connection with every part of the training school. If it is not done well it will be better if the pupils do not have it, but if done well the pupils will be taught much if they can have from two to four months' experience in it, just as they would in the ward of a hospital.

When the shortage of food was most acute the question of substitutes was raised, but very few people thought or attempted to suggest that we use foods which were less nourishing than that to which we were accustomed; but during the shortage of nurses we have had offered to us substitutes that were much less than those to which we were accustomed. There are probably a number of courses being developed—we know of several already in existence —that do not train these nurses properly, and many nurses who have done public health work feel that a course of less than a year cannot possibly train them to meet the problems in the way they should. However, we do realize that three years in the hospital and one year in post graduate work were pretty long in preparing us for positions in public health work. Some of that time might have been eliminated, or it might have been much better spent in preparing us for public health work. There is now a plan on foot to evolve an entirely new course where the emphasis will be on the public health side of the work. At a meeting of the Advisory Council this was brought up and some of our best advisors, among them Dr. Biggs, felt strongly that we should take steps to reduce the time to prepare a woman for public health nursing. He said we could not get the best type of women, who had already spent four years in college, to spend many more years for training. So a resolution was passed, offered by Miss Lathrop of the Children's Bureau, to see if something could not be done to bring about a curriculum every day of which would be devoted to public health work. What do we want? We want the nurses to know about babies, about tuberculosis, about vital statistics, and any ordinary graduate has so little of that and so many other things which she does not use in connection with her public health work; and so the Committee is working in connection with the League and public health work to see if a curriculum cannot be worked out for women who have had at least two years of college to prepare them in a shorter way, but adequately—without sacrificing what we consider the essentials—for public health nursing. There are substitutes and substitutes, and sometimes we can dilute a thing without very seriously interfering with its nutritive value. Sometimes we have used too highly seasoned foods. The epidemic has taught very eloquently that there is

a need for people besides the highly trained nurses, and where the nurses were very highly trained they have been successful in putting under them women of much less training and more humble qualifications. This cannot be done in every part of the country. There are many places where the trained nurses are not highly concentrated and it is not well to ask them to take people under them, and try to teach delicate duties which they do not understand any too well themselves. Then there is a second type of woman who can be put under properly trained nurses. The fourth task which the League of Nurses is facing this year is to decide what kind of preparation these women should have. Whether it should be a year or six months in length; whether they should be trained in institutions or homes, and just how much training they should have. It is impossible for me to be any more definite than this, because it has not gone any further, but I want you to know that the Educational Committee is an active Committee and we are trying to meet the question of demand all along the line.

Miss Abbie Roberts, Social Unit, Cincinnati, Ohio, gave a short talk descriptive of the work of this Unit:

The idea underlying the Social Unit plan is first of all a recognition that programs of work made up to the present time have not been fundamental. We have not taken the community itself into our confidence. We have had a Board of Directors living out of the city making plans, the neighborhood developing no responsibility for them. We have also recognized that our work is not nearly one hundred per cent. It is only the occasional baby that is reached, and it does not seem possible without some organization of the people to reach all the men and women and children in the community. We are working along two lines, educational and geographical needs. In order that the experiment might be tried in a small unit, a community of 15,000 people, covering thirty-one blocks, was chosen. We have two councils, the occupational, composed of and elected by the trades, and the professional, composed of a doctor elected by the physicians of the neighborhood, a nurse elected by the nurses, a teacher elected by the teachers, a man representing trade units and so on. As a new group becomes interested it organizes and elects a member to the educational council.

This community was divided into blocks, each block elected a council, each council elected a representative, who, up to the present time has been a woman, and these thirty-one blocks form our council; and the occupational council and the citizens council, sitting jointly, form a council which is composed entirely of community people. They bring to the community a knowledge of their needs, and we try to have them look into all cases, and have the neighborhood itself make the plan which will overcome that condition and find a cure for it.

The chief piece of work has been a health center, and we have instituted a system of general nursing. We have put one nurse to every 2,500 people and give every kind of care except school nursing. We have practically one hundred per cent. supervision of all babies. We have been able to increase the tuberculosis service very largely, and through our form of organization, with a representative in every block in close touch with the nurses generally,

we do have a pretty general report of sick people and people who need care. In the coming year we hope to take over the school nursing and make that a part of the general system, and add to our staff so that each nurse will not have under her care more than 2,000 people, the population of about four city blocks.

The doctors are organized just as the nurses are, and are entirely responsible for working out the medical program. The doctors in the community assume the responsibility of keeping the people well, as well as of curing them when they are ill.

Miss Ella Phillips Crandall, Executive Secretary of the National Organization, gave a resumé of the work of the three Committees on Nursing of the Council of National Defense, during the war; and outlined some of the problems now facing the National Organization.

Very briefly may I say—so briefly that I can't do justice to the work of the women and men who have shared our duties—what the committees on nursing of the Council of National Defense, three of them, the first organized by Surgeon General Blue, have accomplished as a help to Public Health Nurses. As a result of these committees, they did secure help and a public health nursing chevron for every nurse whose patriotic duty made it necessary for her to stay at home. The Committee that acted under the Committee on Labor, Miss Wald as Chairman, has made it possible to bring forcibly to every trade and labor union in America, and every employer's association known to the United States Chamber of Commerce, the importance of public health nursing to the health and life of industrial workers. The Committee on Nursing has very directly shared in the activities in connection with the rank for nurses, and its primary activity has been steadily to increase the supply of student nurses to take the place of the regular nurses who were volunteering for military duty. The Vassar Camp training course has led to a very remarkable development of the Council of Education, which has taken upon its shoulders the question of introducing nurses' courses in one hundred and twenty-one colleges of the United States, and over fifty such colleges have already signified their willingness to do so. The Board on Vocational Education has pledged itself to offer the scientific course through high schools to scientific teachers. A community experiment in conservation was requested of Cleveland, the future possibilities of which lie in the coördination of both public and private data.

This very briefly enumerates the work that has been going on under the three committees in the Council, which are now coming to a close. While the Council as a whole will not be dissolved, the medical department will. There are some things that will have to go on, and the Committee has recommended to the three National Associations that a continuing committee be elected, composed of three members from the National Board. The Presidents have consented to appoint three such members. The chief thing was the establishment of a course for returning nurses, and the Red Cross has now established such a course in coöperation with the three associations.

Now for public health nursing itself. You have heard from those who have spoken tonight practically what is facing us. I think Miss Beard's choice

of the word "Challenge" has been ringing particularly in my ears. Dr. Franklin H. Martin said to me, "The medical profession is coming back to do absolutely marvelous things. The seventy-five thousand men who have served in the Army will not long be willing to go back to the old leisurely practice of medicine. They now know the value of physical examination . . . and they are coming back, not to expect it, but to command it. We are going to have an adequate practice of medicine. I wonder if the nurses see the matter in the large? If they are prepared to meet the opportunity? There never was a time when there was such a strong need as now."

And so we find ourselves today facing the need for the immediate supply and the methods of meeting that supply. One other question is that of having this service under control. With an appeal before Congress for a substantial Public Health Service and the statement before the Federal Association yesterday that every government would have to have Public Health Nurses, we believe that to properly organize them under state direction and control is the best plan. We are ready to endorse as a necessary measure for the standardization of public health nursing under government control, that a division of Public Health Nursing be created within State Divisions or Boards of Health, with a division chief who shall be a qualified Public Health Nurse, and who shall be responsible directly to the Commissioner of Health or other person holding an analogous office. The possible undertaking of this in certain states that are ready for it, the stimulation of such legislation, the offer of scholarships to women, the preparation of attendants or some other assistants, and the use of these assistants, seem to us to present the program of the immediate future.

At the conclusion of the joint meeting, the National Organization for Public Health Nursing held a business meeting to consider proposed amendments in the By-Laws. The calling of the roll showed that the following States were respectively represented by the number of members shown: California, 2; Colorado, 1; Connecticut, 2; District of Columbia, 1; Illinois, 21; Iowa, 4; Maryland, 3; Massachusetts, 1; Michigan, 2; Minnesota, 1; New Jersey, 3; New York, 5; North Dakota, 1; Ohio, 8; Pennsylvania, 2; Texas, 2; Washington, 1; making 60 members present.

The proposed amendments to the By-Laws, as printed and sent to each member of the National Organization, were carefully discussed, and some of the more radical changes were deferred until 1920, in order that further opportunity might be given for their full consideration by all the members. The most important change acted upon was that provided in the twenty-first amendment, which was further amended at the meeting by substituting for the first, second and third paragraphs the following:

The Organization shall elect fourteen active members and four sustaining members to serve as Directors, who, together with the President, Vice-Presi-

dents, Secretary and Treasurer, and the Presidents of the American Nurses' Association and the National League of Nursing Education, as members ex-officio, shall constitute the Board of Directors.

"At the special meeting held in December, 1918, two sustaining members shall be elected to serve until the biennial convention in 1920, and two to serve until the biennial convention in 1922. In 1920 and at each biennial convention thereafter, active individual members and sustaining members shall be elected as Directors to succeed those Directors of the same class whose terms expire that year."

The Chairman was authorized to appoint a committee to have in charge the printing of the amended By-Laws; a copy of these amended By-Laws will be sent to each member of the Organization.

Discussion will be held, through the pages of The Public Health Nurse, upon certain of the very definite changes in the By-Laws which it was considered wiser not to act upon until the next regular meeting of the Organization in 1920.

Since provision was made for the election of four non-professional members to the Board of Directors, two to serve until 1920 and two until 1922, a nominating committee was appointed by the President; the election resulted as follows:

Elected to serve on the Board of Directors until 1922: Mrs. Lowman, Cleveland; Mrs. Cudahy, Chicago.

Elected to serve on the Board of Directors until 1920: Mrs. Bolton, Cleveland; Miss Railey, New Orleans.

A UNIFORM DAY BOOK

For some time the National Organization has been in receipt of requests from various local organizations for a uniform day book. Within the past six months it has been possible to collect information about day books already in use in a number of cities, and at last a standard uniform has been worked out by the Committee on Records and Reports.

The selection of items to head the different columns in such a book has been a very difficult matter, as a comparison of various books showed a total of twenty-two different headings. No association, however, had more than twelve. It therefore seemed advisable to print a day book sheet with twelve columns, but to print in only the items used by all alike, leaving the others blank to be filled in by each organization to meet its own special needs. This can be done either in pen and ink or by having rubber stamps made.

A glance at the accompanying sample sheets will show that six columns have been left to be filled in at the discretion of the individual association. The following are items which are in use in one or more places, from which the association can choose which six it wishes to use on its day book sheet.

Floor	Case or MLI No.
Part of House	Fee
Sex	Nationality
Date of first visit	Country of birth
Referred by	Mother tongue
Co-operating agency	No. of visits
Referred to	Visits forward
Termination	Remarks.

In a large city, the item "floor" or "part of house" would undoubtedly be desirable preceding the address. In the country it would hardly be necessary. Some associations will like to use the blank space preceding the name for the case number. Others will prefer to indicate whether or not the patient is insured, and still others may prefer to indicate the sex of the patient.

In the same way the three columns following the checkerboard may be used for any three of the items before mentioned.

The National Organization does not offer this day book sheet in any sense as a substitute for the individual record card. It is simply planned as an aid to the nurse in laying out her day's work, counting up her day's and month's visits and preparing her monthly statistical report. Any adequate record system will have, in addition to this, a case record of the patient on which much more will be indicated than can possibly be put on a single line of a day book sheet.

The horizontal, extra heavy lines* are simply for the purpose of aiding the eye to keep the two pages in alignment. The object of writing in "district" and "month" at the head of each sheet is to identify the sheets that belong together if at any time they are taken out of the cover.

It is believed that the loose-leaf system presents many advantages over a book with sewed-in pages. If mistakes are made on any page, it will be a comparatively easy matter to copy the page without mutilating the book. The initial cost for covers need be paid but once, eliminating the cost of binding new books year after

*These lines are blue; the perpendicular lines of the checkerboard are ruled in red.

District Month

	NAME		ADDRESS	Age	Diag.	Phys.

District Month

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

year. Sheets can be removed from the book as soon as their usefulness is over and can be kept in much better condition than if they are in a book which is being used months after the sheets have been written upon. Another very great advantage is that for observation work, such as following babies for two years, or tuberculosis cases over a long period of months. Instead of copying the name and address at the beginning of each month on a new sheet, it will be necessary only to place a new right-hand sheet opposite the old left-hand sheet for the current month. In this way the same list of names and addresses can be carried indefinitely without copying. Any case dropped from the list can be so indicated on the first column of the right-hand sheet.

The printing of this day book has been undertaken by the same firm which has for the last five years published the three uniform record cards recommended by the National Organization (Mead & Wheeler, 35 S. Wabash Ave., Chicago, Ill.).

The Committee on Records and Reports hopes that this sheet will be of real service to the public health nursing associations of the country and that they will feel free to recommend changes if their experience indicates the desirability of such.

LIBRARY DEPARTMENT

SOME PROBLEMS OF THE RURAL COMMUNITY

(All material listed below, except books, is obtainable from Library of The National Organization for Public Health Nursing, 156 Fifth Ave., New York, N. Y. The Library never lends books.)

Outlines

Montana State Board of Health	Outline for a study course on public health prepared for use of women's clubs.
Reeley, M. K.	County Life and Rural Problems.

General

Barnard, M. B.	Problems and Opportunities of County Life (American Unitarian Assn.).
Earp, E. L.	Rural Church Serving the Community. Abingdon Press. $ .75. (Book.)
	Local Rural Institutions and Their Responsibility to the Community.
Groves, E. R.	Rural Problems of Today. N. Y. Assn. Press. 1918. $1.00. (Book.)

U. S. Department of Agriculture, Farmers' Bulletin 937	Farm Garden in the North.

Public Health

Lohmann, Gertrude	Reaching the Entire County by the Health Exhibit at the County Fair. (Crusader, April, 1918.)
Miller, E. K.	Development of County Health Work (Calif. State Bd. of Health Bull. Aug. 1918.)
Phelps, E. B.	Coöperative Public Health Administration. (U. S. Public Health Service Pamphlet.)
Preble, Paul	Public Health Administration with Special Reference to Towns and Rural Communities. (U. S. Public Health Service Pamphlet.)
Ruediger, G. F.	Program of Public Health for Towns, Villages, and Rural Communities. (American Jour. of Public Health, March, 1917.)
	Rural Health Administration Under the Coöperation of Local Health District Plan. (American Jour. of Public Health, June, 1918.)
Safford, J. E.	Method of Obtaining Statistics and Keeping Health Records in Rural Communities. (N. Y. State Dept. of Health, Health News, July, 1918.)
Sears, F. W.	Rural Health Administration Under the State Health District Plan (American Jour. of Public Health, June, 1918.)
Stiles, C. W.	Hospital Relief for Rural Districts (U. S. Public Health Service Pamphlet.)

Public Health Nursing

American Red Cross, Bureau of Public Health Nursing	Upbuilding the Nation's Strength.
Cameron, F. C.	Stimulating Sentiment for County Public Health Nursing (Public Health Nurse Qtly., Jan. 1918.)
Hanson, E. M.	Some Community Experiments in Public Health Nursing. (Public Health Nurse Qtly., Oct. 1917.)
Holman, Lydia	Informal Report of "The Friendly Nurse."
Hutt, W. N.	Public Health Nursing in Rural Districts. (Public Health Nurse Qtly., Jan. 1916.)

Kent County (Mich.)	Rural School Inspection and County Nursing.
Koeller, S. P.	Rural District Nursing. (American Jour. of Nursing, Jan. 1917.)

Maternal and Infant Welfare

Crandall, E. P.	Rural Problems in Prevention of Infant Mortality. (Transactions of Amer. Assn. for Study and Prevention of Infant Mortality, 1911.)
Davis, E. P.	Lives and Health of Mothers and Children. (Public Health Nurse Qtly., July, 1917.)
Ellis, M. B.	Rural Child Welfare and the Red Cross. (Child Labor Bull., Aug. 1918.)
Flannagan, R. K.	Effect of the War upon Problems of Maternal and Infant Welfare in Rural Communities. (Transactions, Amer. Assn. for Study and Prevention of Inf. Mortality, 1917.)
Larson, J. H.	Maternity and Infant Welfare Program for the U. S. (Transactions, Amer. Assn. . . . Inf. Mort., 1917.)
Meigs, G. L.	Progress in Rural Work for Infant and Maternal Welfare. Committee Report. (Transactions, Amer. Assn. . . Inf. Mort., 1917.)
Mendenhall, D. R.	Report on Follow-up Work by Wisconsin Comm. (Transactions, 1917.)

Rural School

Butler, H. L.	Outline of Public Health Work in Rural Schools of the Southern Highlands. (Public Health Nurse Qtly., Oct. 1917.)
Curtis, M. B.	Health Problems Among Rural School Children. (Public Health Nurse Qtly., Oct. 1917.)
Eggleston, J. D. & Bruere, R. W.	Work of the Rural School. (N. Y. Harper, 1913. $1.00.) (Book.)
Hartley, Helen	Toothbrush and Handkerchief Drill. (Public Health Nurse, Oct. 1918.)
Iowa Tbc. Assn., Des Moines	Suggestive Outline for School Health Work for Teachers.
Kenton Co. (Ky.) Anti-Tbc. League	Health First Reader
Groom, W. S.	Suggestions to Teachers, Visiting Nurses and Lecturers for Use in Connection with Health First Reader.

Ludwig, Charlotte	County Nurse and the Country School. (Public Health Nurse Qtly., April, 1916.)
N. Y. (State) Dept. of Health	Outlines for Organizing and Directing "Little Mothers' Leagues."
Olmsted, K. M.	Efficient Methods of Teaching Hygiene in Schools. (Public Health Nurse Qtly., Oct. 1917.)
Wood, T. D.	Minimum Health Requirements of Rural Schools.
	Problem of Rural School Sanitation (Public Health Nurse Qtly., Jan. 1915.)

Housing

Cincinnati, Ohio	Home, Health, Happiness.
Health Education League, Boston	Healthful Homes.
Nolen, John	Comprehensive Planning for Small Towns and Villages.
Roberts, I. P.	The Farmstead. (N. Y. MacMillan, 1900. $1.00.) (Book.)
U. S. Public Health Service Sept. 6th No. Public Health Reports	Sanitation of Rural Workmen's Areas; with Special Reference to Housing.
White, C. E., Jr.	Successful Homes and How to Build Them. (N. Y. MacMillan, 1912. $2.00.) (Book.)
Young, H. B.	The Farmhouse. (Cornell Reading Course.)

Sanitation

Bray, W. E.	Rural Sanitation and the Rural Sanitation Nurse. (Public Health Nurse Qtly., Jan. 1915.)
Lumsden, L. L.	Safe Disposal of Human Excreta at Unsewered Homes. (U. S. Public Health Service Pamphlet.)
Minn. State Board of Health	Farm Water Supplies.
N. Y. (State) Bd. of Health "Health News," Aug. 1915	Farm Sanitation.
Newman, B. J.	Rural Sanitation. (Public Health Nurse Qtly., April, 1914.)
U. S. Department of Agriculture Farmers' Bulletin	Sanitary Privy.

Tuberculosis

Billings, B. M.	Follow-up Work in Small Towns and Villages of Mass. (Public Health Nurse Qtly., July, 1918.)
Foley, E. L.	Home Instructions by the Tuberculosis Nurse. (Public Health Nurse Qtly., Sept. 1918.)
Ill. State Dept. of Health	Outline for a County Tuberculosis Survey.
Jacobs, P. P.	Survey Nurse and a Nurse's Tuberculosis Survey of a Small Community.

The following libraries will handle all requests to borrow literature coming from their respective states:

Illinois	Library Extension Commission, State House, Springfield. Miss Anna May Price, Secretary.
Louisiana	Public Library, New Orleans. Mr. Henry M. Gill, Librarian.
Maryland	Medical and Chirurgical Faculty, Baltimore. Miss Marcia Noyes, Librarian.
Mississippi	Agricultural and Mechanical Library, Oxford. Miss Laura Hall, Librarian.
New Jersey	Public Library Commission, Trenton Miss Sarah B. Askew, Librarian.
Oklahoma	Agricultural and Mechanical College Library, Stillwater. Mr. Chas. H. Stone, Librarian.
South Dakota	Free Library Commission, The Capitol, Pierre. Miss Leara J. Lewis, Librarian.
Texas	Department of Extension, University of Texas, Austin. Miss Le Noir Dimmitt, Librarian.
Washington	University Extension Service, University of Washington, Seattle. Mr. E. F. Dahm, Director.
Wisconsin	Free Library Commission, Madison. Miss Jessie Wedin, Librarian.

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THE EDUCATIONAL SECRETARY TO MAKE A SOUTHERN TRIP.

Mrs. Bessie A. Haasis, Educational Secretary of the National Organization, expects to make a Southern trip during March and April. Organizations desiring a visit from Mrs. Haasis should communicate at once with Miss Ella Phillips Crandall, 156 Fifth Avenue, New York.

BOOK REVIEWS AND BIBLIOGRAPHY

TEXT-BOOK OF ANATOMY AND PHYSIOLOGY FOR NURSES. By Diana Clifford Kimber, formerly Assistant Superintendent of Illinois Training School, Chicago, Illinois, and Carolyn E. Gray, B. Sc., Principal of City Hospital School of Nursing, New York City. 527 pages. Fifth Edition Revised. The Macmillan Company, New York. $2.60 net.

The popularity of this work is sufficiently attested by the number of editions through which it has passed. This book is practical. It gives the material the nurse needs as a foundation for her work. The style is both crisp and clear with adequate emphasis on each part, whether anatomy or physiology. The teaching value of the Fifth Edition with its two hundred twenty-five illustrations is appreciated by both the teacher and the student, and the contents, which have been stripped of all unessential detail, give superior service to the nursing profession.

C. V. McK.

THE A B C OF EXHIBIT PLANNING. By Evart G. Routzahn, Associate Director, Department of Surveys and Exhibits, Russell Sage Foundation, and Mary Swain Routzahn. 61 illustrations. Russell Sage Foundation, Publishers. $1.50 net.

A glimpse at the Table of Contents will give our readers an idea of the interesting material which this book contains, and the logical manner in which it is developed. "Having a Plan," "Why Do You Wish to Have an Exhibit?," "Who Should See the Exhibit?," "What Will You Do with Your Exhibit?," "What Do You Wish to Say in Exhibit Form?," "What Exhibit Forms Will Best Express Your Facts and Ideas?," "How Will You Utilize the Floor Space?," "How Shall the Exhibit be Interpreted?," "How Will the Project be Organized?" "How Get the Exhibits Made?" "How Will You Advertise Your Exhibit?." "How Will You Follow Up the Exhibit?," and "How Much May We Spend?." The author does not stop, however, with the mere verbal solution of these various problems that confront the exhibitor, but includes many illustrations showing, not only what may be done, but what has been done in different sections of the country. There are illustrations of train exhibits, suit case exhibits, window exhibits, "Drop-in" exhibits, also illustrations of bad, as well as good displays.

In the introductory chapter, the author states the purpose of this book as follows:

"Information on social welfare is growing rapidly, and we must close the gap between the small group of socially informed people who keep abreast of this knowledge and the great mass of those whose understanding and coöperation must be gained before the application of the knowledge can be made.

"The exhibit has already played an important part in closing this gap, particularly on the subjects of public health, child welfare, and the care of certain groups of people who have become dependent. But for the most part it has been a clumsy tool, awkwardly used. Its technique is not yet established. It has not reached that point where anyone can say, "This is the best way." For this reason this volume is not presented as a text book. What we are trying to show in these pages is that the exhibit has possibilities beyond any that have yet been realized as a factor in the spreading of social ideals."

This volume should be of the greatest value to the many organizations and individuals who are now learning to use the exhibit as one of their most effective means of education.

Public Health Bulletin No. 94, "Rural Sanitation," by L. L. Lumsden, contains a report on special studies made in 15 counties in 1914, 1915 and 1916 by the U. S. Public Health Service. These studies are still in progress, and their purpose, as stated in the report is:

(1) To ascertain in detail what are the sanitary conditions in the rural districts of the United States with particular reference to their bearing on the interstate spread of communicable disease; (2) to determine improved methods for the correction of unsanitary conditions, and (3) to determine to what extent in the average rural community of the United States persons with the responsibilities of citizenship will carry out indicated measures, which are readily within their means, to correct unsanitary conditions which have been clearly pointed out to them as a serious menace to the health and lives of themselves and of their families.

The findings to date are of considerable interest and many valuable charts and tabulations are included.

The Weekly Health Report, U. S. Public Health Service, December 27, 1918, contains preliminary statistics of the influenza epidemic which should prove of considerable interest to physicians and nurses.

Public Health Bulletin No. 98, "Health Almanac for 1919," compiled by R. C. Williams, includes with a monthly calendar valuable hints and information in regard to many health matters.

The U. S. Children's Bureau has just issued a series of pamphlets in attractive form, some of the titles of which are as follows: "The Care of the Mother;" "Is Your Child's Birth Recorded?"; "Feeding the Child;" "Breast Feeding;" "Bottle Feeding;" "Milk;" "The Preparation of Artificial Food;" "Good Books and Pamphlets on Child Care."

The Federal Board for Vocational Education, Washington, D. C., has just issued its Second Annual Report, which contains much of timely interest on the subject of the Board's activities.

The Modern Hospital for January, 1919, published an article on "Public Health Nursing and the War," read by Miss Mary Beard before the Twentieth Annual Convention of the American Hospital Association.

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NOTICE TO SUBSCRIBERS

The April, 1918, number of the PUBLIC HEALTH NURSE QUARTERLY is out of print. Many requests for that number are constantly being made, and any subscriber having a copy of it which is no longer required, will confer a favor by sending it to the office of the magazine, 612 St. Clair Ave., N. E., Cleveland, Ohio.

NOTES FROM THE FIELD

COURSES IN PUBLIC HEALTH NURSING OFFERED IN PHILADELPHIA

The Pennsylvania School for Social Service is now giving the post graduate course in public health nursing previously conducted under the Phipp's Institute. The School offers, beginning February 3rd, 1919, the following courses:

Four Months' Course in public health nursing	Fee $35.00.
Four Months' Course in Industrial Nursing	Fee $35.00.
Six Months' Course in Hospital Social Service	Fee $50.00.
Six Months' Course in Social Work with Mental Cases	Fee $50.00.

For further information application should be made to Miss Ethel Thomas, Registrar, 1302 Pine Street, Philadelphia, Pa.

A COURSE IN DIVERSIONAL OCCUPATIONS.

The Colorado Springs School of Diversional Occupations offers courses in Invalid Occupation and Educational Therapy to those who are anxious to prepare themselves for some form of personal service to the sick and wounded.

These courses give definite and practical training in handiwork of various kinds and enable students to assist their patients to produce articles of marketable value.

A very attractive field of work is opening up in this new branch of medical treatment, for which it is necessary to have an understanding of sick people and to know something of their mental and physical condition, so as to be able to coöperate with the nurse and doctor in the treatment.

The course, which is both theoretical and practical, includes a series of twelve lectures, and demonstrations in basketry, rug making, simple weaving, leather work, pottery, and woodwork.

Miss Susan S. Harris, R. N., is the director of this course.

A MEETING OF DIRECTORS OF VISITING NURSE ASSOCIATIONS.

The Fourth Annual Meeting of the Massachusetts Committee of Directors of Visiting Nurse Associations was held January 23rd, at the Twentieth Century Club in Boston and was most interesting

and inspiring. Mrs. E. A. Codman, the President, presided, and addresses were made as follows:

Development of Public Health Nursing in Rural Communities:

1. The Need in Massachusetts. Dr. Merrill E. Champion, State Department of Health.
2. How Rural Communities May Combine for District Nursing Service, Miss Annie Crowell, Secretary, Barnstable Dennis Visiting Nurse Association.
3. How the Visiting Nurse Association of a Town May Help Its Rural Neighborhood. Mrs. Clark K. Durant, President, Great Barrington Visiting Nurse Association.

Standards for Visiting Nursing. Miss Mary Beard, Director, Boston Instructive District Nursing Association.

Recent Activities of the National Organization for Public Health Nursing Miss Ella Phillips Crandall.

Under the title "Mobilizing Visiting Nurse Directors in Massachusetts," the report of the Secretary-Treasurer, Miss Gertrude W. Peabody, is published elsewhere in this issue of THE PUBLIC HEALTH NURSE.

AN INTERESTING MEETING IN NEW HAVEN

It may be of interest to know that an Alumnae Association of Public Health Nursing has been organized by the Graduate Nurses of the Public Health Course of the New Haven Visiting Nurse Association.

The 2nd Annual meeting was held January 6, 1919, and the following officers for the coming year, were elected:

President.....Julia Mulcahy, R. N.
Vice President.....Mary E. Conlan, R. N.
Secretary.....Claire Peace, R. N.
Treasurer.....Emily Johnson, R. N.

The most important new business was the vote that the Alumnae Association assume the responsibility of financing a loan of $200.00 to one member of the class of 1920 in the Public Health Course; the selection of candidate to rest with the Advisory Board of the Alumnae Association.

TEACHING HOME NURSING IN ALBERTA

An unusual piece of educational work is being done in Canada in connection with students attending the Schools of Agriculture. In the Province of Alberta the Minister of Agriculture erected three Schools of Agriculture associated with farms and under the

charge of expert managers; pure bred stock are kept, and cultivation and experimentation with grain etc. are carried out in order to demonstrate to the farmers in the community what can best be raised under their conditions of climate.

The course covers a period from November 1st to March 30th, and no tuition fee is charged. Boys and girls who have had but little education attend the course, and obtain a good practical education in two terms. A course in Home Nursing is given to the girls, and Miss Annie Mackenzie, the nurse in charge of this course writes as follows in regard to it:

"In the five months I have six weeks at each school. With the first year I take up Physiology and Home Nursing, lectures and demonstrations. Second year: Home Nursing, Hygiene and First Aid, and Obstetrics. In the summer months I lecture and demonstrate for the women's Institute, another branch of the Department of Agriculture. Last summer I travelled the Peace River country as far as Grande Prairie; it was a wonderful trip and full of experiences—the people everywhere anxious for help in the nursing, and it will be more so after the epidemic. The girls are organized into first aid classes wherever enough girls are found to form a class."

ENGLISH WOMEN AND HEALTH

The *British Journal of Nursing* publishes the following account of a meeting held to discuss matters in connection with the proposed Ministry of Health in England:

A meeting of the Ministry of Health Watching Council, presided over by Lady Rhondda, was held at 8 Portman Square, W., recently. There was a large attendance of representatives of Women's Societies, including organized societies of nurses. The scope of the Council and its constitution were discussed, the objects adopted being—

(1) To watch the progress of the Ministry of Health Bill through all its stages.

(2) To take any action during the progress of the Bill considered necessary by women for the Health of the Nation, and to secure the adequate representation of women in the Ministry.

(3) To take any action considered necessary by women for the health of the Nation upon which the Council may decide after the passage of the Bill.

Lady Rhondda explained that under the Ministry of Health Bill power was asked for the establishment of Advisory Councils with power to initiate advice, and upon which the Minister could call for advice. The idea it carried into effect was of value from two points. Groups of experts would be constituted who would have power to advise the Ministry, and in addition the Ministry would be kept in touch with outside opinion.

She proposed that there should be a Women's Council as all women were interested in health questions and had special views to put before the Govern-

ment. It was not enough for women to see the Ministry formed as they wanted it, they also desired to see it go on as they wanted it. They should have a body of women whose Chairman had access to the Minister.

Lady Rhondda considered it important that such a body should be chosen on democratic lines, not nominated by the Minister from people who were known to him.

Mrs. Bedford Fenwick supported the principle.

It was resolved—

That the Watching Council adopt as part of its policy to press for an Advisory Council of Women on the Ministry of Health elected on democratic lines, and in an analogous position to and with the same rights, privileges, and powers as any other Advisory Councils.

THE PREVENTION OF BLINDNESS

The *News Letter* for December, published by the National Committee for the Prevention of Blindness, contains the following notes:

The Fourth Annual Meeting of the National Committee for the Prevention of Blindness was held in the Academy of Medicine, New York, November 26th, at half-past eight o'clock. Hon. William Fellowes Morgan presided. Mr. Edward M. Van Cleve, Managing Director, gave a most encouraging account of the year's work, dwelling in particular on the marked decrease shown in the percentage of new admissions to the schools for the blind who are blind from ophthalmia neonatorum. The record for the year 1917-1918 shows 14.7 per cent., as against 26.8 per cent. in 1908.

In 1909 a class for the blind was opened in the public schools of Cleveland under the direction of Mr. R. B. Irwin. In the fall of 1910 Mr. Irwin was asked to accept in this class two children who were not able to keep up with the regular grade work because of defective vision. He at first used the same equipment and methods for the blind and the partially sighted, but soon found the results unsatisfactory, and instituted blackboard and paper work in very large type for the latter group. During the next two years the number of partially sighted children increased, and it was found inadvisable to attempt any longer the work for the blind and the partially sighted in the same class; hence in September, 1913, a separate class was established. In the meantime a class for conservation of vision was opened in Boston in April, 1913. This was the first actual class established under this name, although the work of such a class had been carried on in Ohio for nearly three years; therefore it is a little difficult to assign the banner of priority. Perhaps it will satisfy the demands of exactitude to state that the honor of initiating work for conservation of vision in the public school system belongs to Ohio, and the honor of establishing the first class to bear the present name is due Massachusetts. Both states have certainly followed up their initial plans to great advantage;

Ohio now has seventeen classes in operation. Massachusetts has just added a new class in Worcester and one in Charlestown, making a total of ten in the state, five of these being in Boston.

Since the work has been in progress in Ohio for eight years some of the conclusions reached by that state will be of interest:

1. Nearly all children entering classes for conservation of vision had been excluded from all educational advantages because of their inability to use the ordinary equipment.

2. Where medical school inspection includes examination of the eyes by a skilled opthalmologist there is one sight-saving pupil to every 1600 of the school population; where such is lacking there is one sight-saving pupil to every 250 of the school population.

3. Where adequate treatment is provided for children in classes for conservation of vision, 33⅓ per cent. can be returned to the regular grades.

The new edition of the Committee's Publication No. 9—Summary of State Laws and Rulings Relating to the Prevention of Blindness from Babies' Sore Eyes— shows a very great advance in legislation since the 1916 edition went to press. A brief summary follows:

1. The reporting of babies' sore eyes to the local health officer or to a physician is compulsory in.....41 States
2. The reporting law is printed on the birth certificate in.....10 States
3. Local health officers are authorized and required to secure medical attention for uncared-for cases, or to warn parents of the dangers and advise immediate treatment in.....28 States
4. Births are reported early enough to be of assistance in prevention of blindness work in.....17 States
5. The question as to whether or not precautions were taken against ophthalmia neonatorum is included on the birth certificate in....19 States
6. Free prophylactic outfits are distributed in.....22 States
7. The use of a prophylactic as a routine measure is compulsory in....19 States and strongly recommended in an additional..... 4 States
8. Popular educational leaflets, relating in whole or in part to prevention of infantile blindness, are distributed by state Departments of Health in.....29 States

Note. All those who are interested in finding out how their own state stands in regard to the protection of babies' eyes, should write to the Committee for a copy of the Summary of State Laws and Rulings. The address is 130 E. 22nd St., New York.

HEALTH DEFECTS OF OUR SCHOOL CHILDREN.

In an address made before the National Council of Education some months ago, Dr. Thomas W. Wood gave some startling figures in regard to health conditions of our school children. The article was published in the New York Times, and some of the figures given are as follows:

At least one per cent.—200,000 of the 22,000,000 school children in the United States, are mentally defective.

Over one per cent.—250,000 at least, of the children are handicapped by organic heart disease.

At least five per cent.—1,000,000 children have now, or have had tuberculosis, a danger often to others as well as to themselves.

Five per cent.—1,000,000 of them have defective hearing, which, unrecognized, gives many the undeserved reputation of being mentally defective.

Twenty-five per cent.—5,000,000 of these school children, have defective eyes. All but a small percentage of these can be corrected, and yet a majority of them have received no attention.

Fifteen to twenty-five per cent.—3,000,000 to 5,000,000 of them are suffering from malnutrition, and poverty is not the most important cause of this serious barrier to healthy development.

From fifteen to twenty-five per cent.—3,000,000 to 5,000,000 have adenoids, diseased tonsils, or other glandular defects.

From 10 to 20 per cent.—2,000,000 to 4,000,000 have weak foot arches, weak spines or other joint defects.

From 50 to 75 per cent.—11,000,000 to 16,000,000 of our school children have defective teeth, and all defective teeth are more or less injurious to health. Some of these defective teeth are deadly menaces to their owners.

Seventy-five per cent.—16,000,000 of the school children of the United States have physical defects which are potentially or actually detrimental to health. Most of these defects are remediable.

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All correspondence intended for the PUBLIC HEALTH NURSE should be addressed to 612 St. Clair Avenue N. E., Cleveland, Ohio, which is the Editorial Office of the magazine. Subscriptions should be sent to the same address.

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For further information write the Director, 1112 Capitol Street, Richmond, Va.

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